

Can Dina Help? A Qualitative Exploration of a Social Skills and Problem-Solving Training Group Intervention for Looked-After Children

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Contents

Declaration.....	1
Acknowledgements.....	2
Abstract.....	3
1. Introduction.....	4
1.1 Setting the Scene.....	4
1.2 LAAC: An Overview.....	6
1.2.1 Characteristics of their backgrounds.....	6
1.2.2 Psychosocial Functioning.....	6
1.2.3 Exposure to Risk & Later Development.....	8
1.3 Attachment Theory.....	9
1.3.1 Overview.....	9
1.3.2 Individual Differences in Attachment.....	10
1.3.3 Attachment Style & Adaptation.....	14
1.3.4 Continuity of Attachment.....	15
1.3.5 Attachment & Neurological Development.....	16
1.3.6 Appraisal of Attachment Theory.....	19
1.4 Social-Cognitive Theory.....	21
1.4.1 Overview.....	21
1.4.2 Social Knowledge Structures.....	22
1.4.3 Social Information Processing.....	22
1.4.4 Social Cognition & Adaptation.....	24
1.5 Exposure to Risk.....	25
1.5.1 Experience of Maltreatment.....	25
1.5.2 Attachment in Maltreated Children.....	25
1.5.3 Emotion Regulation in Maltreated Children.....	27
1.5.4 Social Cognition in Maltreated Children.....	29
1.5.5 Self-Concept of Maltreated Children.....	30
1.5.6 Summary.....	31
1.6 Interventions for LAAC: Evidence Base.....	32

1.6.1 Unmet Need.....	32
1.6.2 Service Development.....	34
1.7 Current Research.....	35
1.7.1 Webster-Stratton Small Group Therapy Programme.....	35
1.7.2 Children's Views.....	36
1.7.3 Qualitative Investigation.....	38
1.7.4 Study Aims.....	39
2. Methodology.....	41
2.1 Qualitative Analysis.....	41
2.2 Design.....	42
2.3 Participants.....	43
2.3.1 Parallel Support Group for Carers.....	43
2.4 Procedure.....	44
2.4.1 Recruitment of Participants.....	44
2.4.2 Data Collection.....	45
2.4.3 Interview Design.....	47
2.4.4 Interview Format.....	48
2.4.5 Timing & Setting.....	50
2.4.6 Data Management.....	52
2.5 Data Analysis.....	52
2.5.1 Method of Analysis.....	52
2.5.2 Interpretative Phenomenological Analysis.....	53
2.5.3 Process of Analysis.....	54
2.6 Quality Control.....	56
2.6.1 Sensitivity to Context.....	56
2.6.2 Commitment & Rigour.....	57
2.6.3 Transparency & Coherence.....	58
2.6.4 Impact & Importance.....	59
2.7 Ethical Issues.....	59

2.7.1 Child Participants.....	60
2.7.2 Adult Participants.....	62
2.7.3 The Researcher.....	62
3. Analysis and Initial Discussion.....	63
3.1 Participant Background Information.....	63
3.2 Levels of Attendance.....	63
3.3 Levels of Participation.....	64
3.4 Results.....	65
3.4.1 Legacy of the Past.....	67
3.4.2 Sense of Connection.....	74
3.4.3 Group Culture.....	82
3.4.4 We're Not Leaving.....	88
3.4.5 Understanding & Stability.....	94
3.4.6 Limitations & Barriers.....	100
3.5 Inter-Relatedness of Themes.....	104
4. Further Reflections & Issues.....	106
4.1 Summary of Findings.....	106
4.2 Implications of Findings.....	108
4.2.1 Social-Cognitive Interventions with LAAC.....	108
4.2.2 Group Interventions with LAAC.....	110
4.2.3 Addressing Foster Carer Needs.....	111
4.2.4 Supporting Foster Children and Carers.....	112
4.3 Personal Reflections.....	112
4.3.1 Conflicting Roles.....	113
4.3.2 Researching LAAC.....	113
4.3.3 Turbulent Lives.....	114
4.4 Methodological Appraisal.....	115
4.4.1 Interpretative Phenomenological Analysis.....	115
4.4.2 Focus Groups.....	117

4.4.3 Researching Children's Experiences.....	118
4.4.4 Future Research.....	119
5. Conclusion.....	120
6. References.....	122
7. Appendices.....	137
7.1 Appendix I.....	138
7.2 Appendix II.....	139
7.3 Appendix III.....	149
7.4 Appendix IV.....	152
7.5 Appendix V.....	160
7.6 Appendix VI.....	161
7.7 Appendix VII.....	162
7.8 Appendix VIII.....	165
7.9 Appendix IX.....	172
7.10 Appendix X.....	173

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ABSTRACT

Background: Looked-After and Accommodated children constitute a vulnerable and high risk group. Extensive evidence attests to the social, emotional and behavioural difficulties displayed by looked-after children and the negative trajectory of these difficulties without early intervention. However, identification of the needs of this population has not been met by a comprehensive treatment response and the current evidence base is limited. Although attachment theory is prevalent in the literature relating to looked-after children, research suggests that social-cognitive theory may harbour greater potential in terms of empirically supported treatment options.

Aims: Using a qualitative approach, the current study aimed to explore the utility of the Dina Dinosaur Small Group Therapy Programme (Webster-Stratton, 1990) with looked-after children. Based on cognitive social-learning theory, this is supported by evidence documenting its effectiveness in enhancing children's psychosocial adjustment. By exploring children's subjective experiences of the group, this study aimed to extend previous outcome-based research.

Method: Separate focus groups were conducted with looked-after children and foster carers and these were followed by individual semi-structured interviews with the children. Developmentally appropriate data collection methods were utilised. Data was subsequently analysed using Interpretative Phenomenological Analysis.

Results: Six super-ordinate themes emerged from the analysis: "legacy of the past", "sense of connection", "group culture", "we're not leaving!", "stability and understanding" and "limitations and barriers." Overall, the Dina Dinosaur Group had high face validity for foster carers and was experienced as relevant and acceptable by both carers and children. This study situated the difficulties of looked-after children within the broader context of foster care and identified elements of therapeutic intervention which may support looked-after children's engagement in therapy.

1. Introduction

1.1 Setting the Scene

Children who become looked-after and accommodated (LAAC) do so because their birth families are unable to care for them adequately. Often evidencing distinctive problem behaviours, these children are classified as being at high psycho-social risk. Studies documenting elevated rates of behavioural and emotional disorders among this population (Craven & Lee, 2006; McIntyre & Keesler, 1986) and impoverished developmental trajectories (for example, Richardson & Lelliot, 2003) illustrate the extreme risk confronted by children who are removed from their family of origin. The impact that failures in the care-giving system can have is profoundly demonstrated by research investigating the development of institutionalised children. Studies have shown that children who are deprived of consistent care and attention manifest major developmental impairments including disturbed patterns of behaviour and pervasive social and emotional difficulties (Rutter *et al.* 2001; Tizard & Rees, 1975). Long-term follow up has established that these difficulties can persist despite environmental changes and are often maintained into adolescence and adulthood (O'Connor & Rutter, 2000). Although there is clearly heterogeneity in children's responses to adverse care, such research highlights the central role of the care-giving environment in children's emotional and cognitive development and the vulnerability that is created when this is disordered. Crucially, it raises awareness of the multiple and complex needs of the looked-after and accommodated population.

The term "looked-after and accommodated", introduced by the Children (Scotland) Act 1995, describes children who are in the care of social services department. It includes children who are living in foster or residential care and also those in kinship care (Scottish Executive, 2002c). Based on figures provided by the Scottish Executive (2006), at the 31st March 2006 there were 12,966 looked-after children in Scotland, representing 1.16% of all children and young people. There is evidence that changes in children's circumstances, synonymous with entering the care system, can afford facilitative and restorative experiences (Dumaret *et al.* 1997; Steinhausen

& Verhulsen, 1999). Nonetheless, looked-after children are a vulnerable group when entering care and numerous studies document that they represent a group at high risk of experiencing continuing disadvantage. For example, Richardson and Lelliot (2003) state that after leaving care looked-after children face social disadvantage, ill health and risk-taking behaviours. There is a high rate of school exclusion and poor educational attainment with looked-after children being over-represented among the unemployed, homeless and prison populations (Viner & Taylor, 2005).

Longitudinal research attesting to poorer social and mental health outcomes for this population compared to the general population therefore suggests that they confront compromised later functioning and adjustment. Such evidence has prompted government initiatives aimed at addressing the mental health, educational and social needs of looked-after children and enhancing their long-term outcomes (Richardson & Lelliott, 2003). In particular, improving psychological services for looked-after children has been a recent focus (for example, Minnis *et al.* 2001; Pallett *et al.* 2002) and Craven and Lee (2006) assert the need to broaden the existing evidence base for this population. Despite the over-representation of looked-after children in mental health services (Dent & Brown, 2006) and an increased alertness to the high levels of need, O'Connor and Zeanah (2003) draw attention to the fact that this has not been matched by a corresponding accrual of intervention strategies. This constitutes the context and motivation for the current research which aims to explore the potential utility of the Dina Dinosaur Small Group Therapy Programme (Webster-Stratton, 1990) from the perspectives of looked-after children and foster carers.

1.2. Looked-After and Accommodated Children: An Overview

1.2.1 Characteristics of their backgrounds

The early environment of looked-after children typically encompasses a myriad of adverse family and environmental factors. Leslie *et al.* (2004) describe that their backgrounds are characterised by poverty, socio-economic disadvantage, familial disruptions, family stresses and social problems. Originating from a “broken family” is highly-correlated with entry into the care system and foster children are likely to have experienced difficulties in the wider ecological context of their neighbourhood and community (Bebbington & Miles, 1989). In a forthright statement from the Scottish Executive (2002c) it is posited that “*parents’ serious personal and social problems are the cause of much harm to their children.*” Many looked-after children experience distorted relationships due to experiences of maltreatment such as abuse, neglect and other forms of relational trauma (Cicchetti & Cohen, 1995).

Data provided by the Department of Health (2001) regarding factors precipitating children’s entry into the care system showed that neglect and physical, emotional and sexual abuse were the most prevalent. Other categories included family dysfunction, acute family stress and parental illness or disability. In a sample of 182 Scottish foster children, Minnis *et al.* (2001) reported that 93% had suffered previous abuse or neglect.

1.2.2 Psychosocial functioning

Despite coming from a diverse range of backgrounds and circumstances, children who become looked-after and accommodated have much in common: they enter care due to adverse life experiences detrimental to their safety and well-being. It is perhaps not surprising therefore that there is a high prevalence of mental health problems among looked-after children (Clausen *et al.* 1998; McIntyre & Kleeser, 1986; Pilowsky, 1995) and studies have consistently found significantly higher rates of psychopathology within the looked-after cohort than that expected in the general

population. For example, McCann *et al.* (1996) detailed a prevalence rate of 67% for psychiatric disorders among looked-after children compared with 15% within a comparison group. This is consistent with McIntyre and Keelser's (1986) assertion that foster children are nine times more at risk of developing psychological problems compared to children living with their family of origin.

In terms of symptomatology, both internalising and externalising behaviours are elevated in looked-after children (Stein *et al.* 1996) with conduct disorder, aggressive behaviour and depression the most predominant disorders (Dimigen *et al.* 1999; McCann *et al.* 1996; Pilowsky, 1995). The high rates of comorbidity often manifested within this population are considered to be indicative of the complexities of their difficulties (McCann *et al.* 1996). Regarding incidence rates, Meltzer *et al.* (2002) report rates of 56.2% and 17.7% for conduct disorder and emotional disorders respectively among looked-after children compared with only 6.2% and 5.6% in the general population. Research by Dimigen *et al.* (1999) highlights that children typically enter care with these problems as opposed to developing them subsequent to coming into contact with the care system.

In addition to behavioural and emotional problems, studies have also explored relationship and social difficulties. Such research has found that that social relationships are often impaired and that looked-after children often experience longstanding difficulties establishing and maintaining relationships with carers, peers and siblings. Tarren-Sweeney and Hazell (2006) report high social problems and poor social competence within their sample of children in care while Price and Brew (1998) found that foster children were often less popular and experienced rejection within their peer group. Price and Landsverk (1998) argue that the way in which social information is processed by looked-after children challenges the formation of healthy and positive relationships.

1.2.3 Exposure to Risk and Later Development

As evidenced in the previous section, research has documented the emotional, behavioural, and social problems of looked-after children. Accumulating evidence attributes the high rate of disorder to their high risk histories (Stein *et al.* 1994). Looked-after children are more likely than other children to be exposed to risk factors that predispose them to the development of mental health problems (Richardson & Lelliott, 2003) with a constellation of environmental, social and psychological factors conspiring to increase their vulnerability. Considering this, it is evident that the problems manifested within the looked-after population are multiply determined. This is consistent with cumulative risk models which speculate that any risk variable is neither a necessary nor sufficient cause of emotional and behavioural problems (Greenberg, 1999). Within the developmental psychopathology literature, many of the features of looked-after children's backgrounds are implicated in models of risk (Greenberg *et al.* 1993; Rutter and Garmezy, 1983) such as discontinuous care-giving, poor relationships, deprivation and abuse, endangering a child's development and adaptation.

What therefore mediates the relationship between exposure to risk and later maladjustment? How do features of looked-after children's environments serve to elevate their vulnerability to emotional and behavioural problems? Risk factors *per se* are not the cause of psychological disorder, rather they are indicative of complex processes and mechanisms that impact upon adaptation and adjustment (Cicchetti & Toth, 1995). This is the domain of developmental psychopathology with its focus on high risk populations and the study of the origins and course of patterns of behavioural maladjustment (Sroufe & Rutter, 1984). In the effort to elucidate the processes underlying the link between life experiences and future maladaptation, many theories have implicated the acquisition of knowledge structures as a mechanism for continuity. These are posited as evolving products of life experiences, although they are conceptualised somewhat differently by the two most prominent frameworks for understanding these internal constructions; attachment theory and social learning theory. In order to understand the formation of risk in the lives of looked-after children, an overview of these theories and their contributions to

understanding children's development will be presented. These theories are then incorporated into an understanding of the sequelae of early adversity and the cognitive, social and emotional development of looked-after children.

1.3 Attachment Theory

1.3.1 Overview

The quality of parent-child relationships has long been recognised as important for all aspects of children's development. Underscoring the primacy of relationships in human development, attachment theory states that a child's earliest relationship lays the foundation for later socio-emotional development. Proposed by Bowlby (1969; 1982), attachment theory provides a framework for conceptualising the nature of the parent-child relationship and emphasises the importance of the affective quality of this relationship for later adjustment and functioning. Attachment is described as "*a special type of social relationship between infant and caregiver which evolves over the first year of life*" (Bowlby, 1982, p.376). The relationship involves an emotional bond distinguished by distinctive patterns of dyadic regulation of emotion (Carlson & Sroufe, 1995) which give rise to different attachment styles.

Drawing on evolutionary theory, Bowlby (1969; 1982) argued that humans possess an innate tendency to form affective bonds with others and that this need is biologically driven due to the survival function of proximity and protection. Observable attachment behaviours that promote interaction, such as proximity seeking and separation protest, serve to mediate the relationship. Variations in attachment behaviour are believed to be indicative of variations in the nature of the attachment relationship and quality of the affective bond. Bowlby (1973) conceived that differences in attachment are the result of differences in the quality of care-giving experiences with the primary caretaker. Repeated care-giving patterns create expectations about the caregiver's responsiveness and degree of sensitivity to the child's affective signals which in turn culminate in the infant developing particular patterns of behaviour and emotion regulation (Sroufe & Waters, 1977). While these

expectations originate from the manner in which the environment actually responded to the child, a central tenet of Bowlby's theory is that they become internalised as the property of the child in the form of "internal working models" (IWM's).

Constructed from joint interactive history, internal working models encompass cognitive representations of self, others and the functioning of relationships (Bretherton & Mulholland, 1999; Main, Kaplan & Cassidy, 1985) and are used to understand, predict and relate to the world. Internal working models, therefore, are reflected in and govern current and future attachment behaviour and relationships. Viewing attachment as an organisational construct, Sroufe and Waters (1977) assert that regulation of emotion is central to the attachment relationship and that strategies for organising emotion develop as a function of relationship quality and reflect an individual's attachment style. Research by Mary Ainsworth (1978) which revealed differences in organisational strategies critically underpins Bowlby's theorising and will be discussed next.

1.3.2 Individual Differences in Attachment

Providing the empirical basis for Bowlby's theory, Ainsworth *et al.* (1978) developed the Strange Situation Paradigm which led to the identification of three different attachment styles. The paradigm was designed to assess differences in the quality of attachment and involved a series of separations and reunions between infants and their caregivers in the presence of an unfamiliar adult. The strange situation therefore systematically altered infants' attachment, fear and exploratory systems based on the premise that an individual's ability to use the caregiver as a secure base provides an insight into the organisation of their internal representations (Cassidy & Mohr, 2001).

Ainsworth *et al.* (1978) noted three distinct patterns of child behaviour: secure, insecure-avoidant and insecure-ambivalent. Each attachment pattern differs in terms of the qualitative organisation of the relationship which reflects the child's confidence in the availability of the caregiver. Waters *et al.* (2002) state that access

to and availability of the caregiver underpins the child's sense of security. Cross-cultural studies suggest that approximately 60% of infants are securely attached, 21% are avoidant and 14% ambivalent (van Ijzendoorn & Kroonenberg, 1988).

Subsequent to a description of the behaviours and underlying representations characteristic of each attachment pattern, empirical findings related to each will be discussed.

Secure Attachment

Children classified as "secure" in the Strange Situation paradigm readily separate from the caregiver to explore, show a preference for the caregiver when they are distressed and readily approach them upon their return (Carlson & Sroufe, 1995). Their behaviour suggests they hold expectations of availability and responsiveness within the relationship and corresponding representations of the caregiver as sensitive, supportive and reliable (Cassidy & Mohr, 2001). According to Bowlby's theory of internal representations, working models of the self and other are complementary and represent both sides of the relationship. Therefore, in the context of a secure relationship, a working model of the self as valued and competent will develop (Bretherton & Mulholland, 1999). Additionally, these children will later learn to seek help appropriately, express emotions constructively and flexibly, develop trust in others and self-reliance in themselves (Carlson & Sroufe, 1995).

Insecure-Avoidant Attachment

Avoidant infants tend to show more exploratory behaviour to the detriment of interaction with the caregiver. They are not distressed by separation and fail to actively engage the caregiver upon return, often ignoring or avoiding them (Carlson & Sroufe, 1995). It is hypothesised that infants classified as avoidant on the Strange Situation paradigm have experiences with a caregiver who repeatedly ignores or rejects them when they express negative emotions and they consequently build expectations of the caregiver as unavailable or unresponsive (Carlson & Sroufe, 1995). In response to this, avoidant children may minimise attachment behaviour and withhold the desire for closeness in order to maximise contact with an insensitive and rejecting caregiver (Golding, 2006). Bretherton and Mulholland (1999) state that

such parental responses could become incorporated into a working model of the self as unworthy and incapable of eliciting care. Attachment-avoidant children do not learn how to effectively cope with negative emotions (Cassidy, 1999), have limited awareness of their feelings and believe that to cope in a threatening world, they must be constantly self-reliant (Bowlby, 1982).

Insecure-Ambivalent

Ambivalent children show diminished exploratory behaviour and continually seek contact with the caregiver. Upon reunion, they can show expressions of both fear and anger and combine active proximity seeking with struggling and continued distress (Carlson & Sroufe, 1995). Like avoidant children, they are presumed to be uncertain about caregiver availability but have had the different experience of a caregiver who is inconsistently responsive leading to a constant state of arousal (Bowlby, 1980). In order to elicit care, infants maximise attachment behaviours and displays of distress but also exhibit a resistance to being comforted. Thus, they are preoccupied with trying to elicit care and are hypervigilant to sources of distress (Carlson & Sroufe, 1995). Ambivalent children are thought to form expectations of an inconsistently available caregiver which in turn supports a view of themselves as incompetent and useless. They also do not learn how to cope effectively with emotions, have a propensity for exaggerated emotional displays and can be quick to interpret a variety of situations as threatening (Bowlby, 1980).

Ainsworth *et al.*'s (1978) research highlighted the role of attachment in the organisation of behaviour and emotion in close relationships. The three major patterns are hypothesised to represent organised strategies for coping with the arousal of attachment-related feelings (Sroufe & Waters, 1977) and refer to sets of expectations and beliefs governing the interpretation and expression of emotions and behaviours (Waters *et al.* 2002). Later research established that some infants fail to exhibit an organised and coherent strategy in response to provocation of the attachment system.

Insecure-Disorganised

Main and Cassidy (1988) described infants who displayed contradictory features of several attachment strategies and who also appeared confused and disorientated in the presence of their primary care-giver. These children have been denied the opportunity to develop a coherent care-seeking strategy due to simultaneously experiencing the carer as both a source of fear and comfort. Carlson and Sroufe (1995) state that disorganised children do not experience moderate levels of anger or anxiety, such as that experienced in avoidant and ambivalent attachment relationships. Rather in disorganised relationships, the child is extremely distressed by the carer's frightening behaviour. Strong conflicting motivations of wanting to both approach and escape the source of stress undermines the development of effective emotional regulation. Disorganisation is believed to evolve from extremely unpredictable, abusive and traumatic care-giving environments and research has found a higher incidence of disorganised attachments in maltreated samples (Carlson *et al.* 1989; Lyons-Ruth & Jacobvitz, 1999). Concomitant to experiencing the caregiver as frightening and dangerous, they develop representations of the world as lonely, unpredictable and distressing and of themselves as helpless, vulnerable and isolated (Cassidy, 1988; Main *et al.* 1985). In order to protect themselves, they develop compulsive self-reliance and aggressive control in social interactions (Lyons-Ruth, 1996; Main & Cassidy, 1988).

Attachment research has produced extensive evidence suggesting that attachment status is related to concurrent and later functioning. This supports the utility of attachment theory as a framework for understanding the outcome of good relationships and also for understanding emotion and behaviour when children's needs have not been met within the parent-child relationship. It therefore serves as both a developmental theory and a theory of psychopathology (Thompson & Raikes, 2003). Empirical evidence supporting the relationship between early attachment experience and later patterns of adaptation will be reviewed in the following section.

1.3.3 Attachment style and Adaptation

Carlson and Sroufe (1995) conceive that attachment style can interfere with successful adaptation due to its influence on salient developmental issues. Empirical evidence suggests that a secure attachment in the first two years of life is associated with higher sociability and compliance, more effective emotional regulation and more positive self-worth during pre-school and early school years (Ainsworth *et al.* 1978; Cassidy, 1988; Greenberg & Speltz, 1988). Similarly, securely attached children are rated higher on measures of self-esteem, self-reliance and self-confidence (Sroufe, 1973). They have been shown to be more socially competent, empathic and popular among peers and engage in more pro-social behaviour than insecure children (Sroufe, 1977). Consistent with Bowlby's theory, based on their responsive care histories, secure children appear to develop positive expectations of self and others which contributes to successful psychosocial adjustment.

Conversely, insecure attachment has been found to be associated with various forms of maladjustment. In the cases of avoidant and ambivalent attachment, behaviours are coherently organised to increase the chance of children getting their needs met and are thus regarded as adaptive and self-protective for the environment they face (Bretherton & Mulholland, 1999; Golding, 2006). Nonetheless, Thompson (1999) contends that such attachment strategies may be detrimental to the development of later social competence and effective emotion regulation. Research has found that early insecure attachment is linked to decreased sociability, increased aggression and impairment in problem-solving, conflict resolution and affect regulation (Cassidy, 1988; Erickson *et al.* 1985; Main *et al.* 1985). Avoidant children are reported to be more aggressive and conflictual with their parents than secure children and their peer interactions are characterised by hostility and emotional distance (Cicchetti *et al.* 1992; Sroufe, 1985). Carlson and Sroufe (1995) highlight that these features of peer relationships can propagate rejection and social isolation and in this way reproduce and maintain early relationship patterns and expectations. Children with ambivalent attachment style have also been shown to have difficulties sustaining close relationships but research suggests that they are emotionally dependent, adult-oriented, emotionally immature and hesitant in interactions (Erickson *et al.*, 1985).

Again, this is likely to support and maintain previously developed models of themselves as incompetent.

Green and Goldwyn (2002) underscore the predictive validity of infant disorganisation in relation to later psychopathology. In interactions with caregivers, school-age children identified as having a disorganised attachment style are described as employing aggressive control and both hostile, coercive and solicitous, “reversal of care” patterns have been identified (Lyons-Ruth & Jacobvitz, 1999; Main & Cassidy, 1988). With peers, they are insensitive, rejecting and unpopular and social skills deficits are evidenced by bizarre and unusual behaviour (Carlson *et al.* 1989; Lyons-Ruth, 1996).

1.3.4 Continuity of Attachment

Concordant with Bowlby’s (1973) proposition that attachment style continues to influence behaviour, capacity for close relationships and emotion regulation throughout life, studies have identified similar attachment patterns to those categorised in childhood in adolescent and adult populations (for example, Kobak & Sceery, 1988; Main *et al.* 1985). Waters *et al.* (2000) conducted a twenty-year longitudinal study examining the extent of stability and change in attachment patterns from infancy to early adulthood and reported a concordance rate of 72%. Such research has bolstered attachment theory’s position as a central paradigm for understanding the precursors of adjustment throughout the lifespan and has incurred inquiry into factors promoting continuity. Several mechanisms pertaining to continuity have been proposed, all invoking the concept of internal working models.

Internal working models are influential cognitive-affective structures used to construct expectancies, views of the world and coping strategies (Greenberg, 1999). Founded on the patterning of early relationships, they are considered to act as both *knowledge bases*, containing information about the self, others and relationships and as *organisational systems* actively guiding the processing of information and behaviour within interpersonal contexts (Bretherton & Mulholland, 1999). Thompson (1999, 2003) and Sroufe *et al.* (1999) delineate factors generating

continuity in working models over time. Firstly, working models are portrayed as interpretive filters through which new experiences are construed in ways consistent with past experiences and expectations (Thompson, 1999). Thus, they tend to be self-perpetuating due to confirmation biases inherent in their functioning creating distortions in perception, memory and interpretation. The idea that children with different attachment histories construe the environment differently is supported by empirical evidence. For example, research by Dodge (1991) suggests that insecure attachment leads to hostile attributional biases such that individuals will perceive hostile intent within ambiguous social gestures. Secondly, individuals often behave in ways that lead to prior expectations and biases being borne out by environmental responses in a self-fulfilling manner. Thirdly, individuals make choices that selectively engage features of the environment confirming a particular adaptive style. Fourthly, Bretherton and Mulholland (1999) assert that ways of thinking and behaving, related to an unconscious internal guidance system, become increasingly habitual. Although more efficient, automatic processing results in loss of flexibility of the working model. Overall, a number of processes support the maintenance of existing patterns of adaptation.

1.3.5 Attachment and Neurological Development

Neurological research has generated evidence supportive of attachment theory and offers a further explanation of the cognitive and emotional experiences associated with insecure attachment (Dent & Brown, 2005). Essentially, this research highlights the importance of the parent-child relationship in the growth and healthy development of the brain and indicates a sensitive period in the first two years of life during which this relationship exerts its most powerful influence. While attachment theory focuses on how experience determines what information enters the mind, neurological research is concerned with how the mind develops the ability to process that information (Siegel, 1999).

Schore (2001) contends that the neurological correlate of attachment is the regulation of socio-emotional processes. The part of the brain implicated with this regulatory

task is the orbito-frontal cortex which undertakes a key role in social and emotional life (Gerhardt, 2004). Located at the fore of the pre-frontal cortex, the orbito-frontal cortex achieves this role due to its strong neural connections to the subcortical emotional systems, often described as the primitive brain. Schore (1994) describes that the orbito-frontal cortex occupies a managerial position overseeing emotional responses and behaviours and exerting control over instinctive, “fast and dirty” emotional reactions. Functioning as the conscious, rational thinking part of the brain it thus provides the basis for impulse control, self-regulation and the capacity for empathy (Gerhardt, 2004). In summary, research has ascertained that the essence of being human and the capacity to live a social life is heavily invested in the optimal development and functioning of the orbito-frontal cortex.

By what means then does this social brain develop? Research into how these self-regulatory structures emerge has shown that the developing brain operates according to a “use it or lose it” principle by which experience can critically change the shape and structure of the brain (Siegel, 1999). Unlike the primitive brain that we are born with, the orbito-frontal cortex, involved in the development of more sophisticated regulatory strategies, develops almost entirely post-natally. Built up through experience, this part of the pre-frontal cortex is thus “experience-dependent” and in this way sensitive to the quality of the attachment relationship (Siegel, 1999). Social relationships characterised by pleasure, reciprocity and sensitivity assist the growth of the orbito-frontal cortex and foster connections between the cortex and limbic system. As Gerhardt (2004, p.24) asserts, “*human connections are brain connections.*” While neural connections associated with repeated and typical social experiences become strengthened, unused connections are regarded as surplus to requirement and are “pruned” away.

It is now clear that, just as the quality of caregiving influences the nature of the attachment relationship, it also shapes how the infant brain develops. The previous section reviewing attachment theory established the caregiver’s role at the cornerstone of social and emotional learning. Essentially their role is depicted as one of a physical and psychological regulator and empathic educator (Dent & Brown,

2005). Neurological research, predominately propelled by Schore (2001b, 1994), has investigated the impact on brain development when caregivers are unable to fulfil these vital functions and infant development proceeds in conditions of sub-optimal care characterised by abuse and neglect.

There is growing evidence that the brain develops differently in adverse circumstances. Conditions of abuse or neglect, in which caregivers do not participate in dyadic emotion regulation, invoke change at a physiological and biochemical level resulting in anomalies in the structure and neurochemical architecture of the brain (Karr-Morse & Wiley, 1997). A chronic lack of positive interaction inhibits the formation of crucial connections between cortical areas and the limbic system (Gerhardt, 2004). Consequently, the moderating potential of the prefrontal cortex is relinquished to the dominance of primitive responses, depriving abused and neglected children of the biological foundations for self-control and self-regulation. At a time when there is a biological need for dependency, the physical or psychological absence of the caregiver is a stressor to an infant. Triggering the production of cortisol, the ensuing biochemical stress response is also customised by experience.

According to Schore (2001), high cortisol levels during infancy can induce two separate response patterns each with distinctive behavioural correlates: hyperarousal and dissociation. In the former state, a child reacts to stress with hyperactivity and impulsivity while the latter response is characterised by inhibition, withdrawal, over-compliance and restricted affect. Together they reflect our evolutionary, innate defensive system and some researchers (for example, Gerhardt, 2004; Schore, 1994) have compared these states to specific types of insecure attachment. For example, hyperarousal is equated to the amplification of emotional displays evidenced by resistantly-attached children, while dissociation is likened to the avoidant attachment style of emotional suppression. Both states undermine the development of effective coping strategies thus leaving the child feeling overwhelmed and unable to cope.

Overall, it is clear that the nature of the attachment relationship not only shapes emotional behaviour but also fosters connections and modulates neurochemicals in the baby's brain (Karr-Morse & Wiley, 1997). Converging neurological and psychological evidence indicates that the brain develops differently in adverse conditions and that this has implications for later efforts to maintain emotional control, the development of adaptive coping strategies and the capacity for empathy. Conditions of abuse and neglect deprive children raised in these circumstances of the early experiences that would teach them key socio-emotional skills and deny them the brain structure that would assist their practice thereby, according to Dent and Brown (2006), cultivating the creation of a hidden disability.

1.3.6 Appraisal of Attachment Theory

Since its inception as a theory of development and developmental psychopathology, the concept of attachment has emerged as one of the most prominent frameworks for understanding the origins and trajectory of early emotional and behavioural difficulties. Such status however does not engender immunity and attachment theory has solicited criticism along the way. A number of researchers have drawn attention to its shortcomings and limitations. For example, DeKlyen and Speltz (2001) caution that not all aspects of the parent-child relationship relate to attachment and that children's mental health outcomes are not entirely attributable to attachment history. Illustrative of this point, studies have highlighted that the confluence of attachment insecurity with other risks such as maternal and parenting problems and adverse family ecology is most predictive of child behaviour problems (Greenberg *et al.* 2001). An emphasis on the interaction of attachment variables with other significant influences within the family is prominent in most contemporary developmental theories. Therefore, in considering the legacy of attachment relationships in socio-emotional functioning, the effect of other relational influences with the same heritage must be recognised (Thompson, 2000).

Attachment theory is often regarded as offering a somewhat linear portrayal of the origins of difficulties. Rather, the route to pathology is complex due to the

transactional nature of development (Sroufe *et al.* 1999). Nonetheless, a sense of bi-directionality appears minimal within an attachment perspective which risks evoking an image of the child as a passive recipient and appears to overlook current thinking regarding transactional processes. Describing how children can contribute to the creation of their environment, Sroufe (1978, page 57) depicts their role as one of the “*artist and the painting*” in which they are active in the

“*selection (and) engagement...of subsequent experience and in the use of available environmental supports*” (Sroufe *et al.* 1999, page 1)

Conceptualising development as a symbiotic and ongoing process situates it in the present as opposed to a static phenomenon resulting from early care-giving experiences alone; an impression often propagated by an attachment perspective.

A core concept of attachment theory is that of internal working models, cited as mediating the impact of early care-giving experiences on later socio-emotional functioning. As representations of early experience, they are credited as pivotal in applying the secure base concept to attachment relationships following infancy (Waters & Cumming, 2000). Yet, paradoxically, this concept represents a major theoretical challenge which threatens to undermine the capacity of an attachment perspective to extend beyond a purely speculative realm. Many theorists have underscored the limitations of internal working models (for example, Dodge & Petit, 2003; Thompson & Raikes, 2003; Waters & Cumming, 2000). It is argued that their lack of clarity and poorly defined nature in terms of content and organisation impairs the empirical assessment of their theorised mediating role and encourages wide-ranging theoretical applications. This obscures accurate predictions of the association between attachment security and later developmental outcomes.

Thompson and Raikes (2003) stipulate that the challenge resides in demonstrating how the concept of working models offers a unique contribution to explanations of representational development beyond those provided by well-developed social-cognitive constructs. Indeed the social-cognitive literature is credited as offering

greater specificity regarding the role of internal representations in continuity of adaptation (Petit *et al.* 2001). By taking greater account of transactional processes and their effects across time, social cognitive theories more clearly illuminate the processes mediating the effects of distal risk factors, such as quality of attachment, on current functioning and adjustment. Despite offering promise to be mutually enriching, attachment and social-cognitive frameworks have developed independently and remain largely autonomous.

1.4 Social Cognitive Theory

1.4.1 Overview

Bandura (1986) describes individuals and their social environments as reciprocally interacting systems with each serving to shape and give meaning to the other. Adopting this perspective, social cognitive theory elucidates how individuals cognitively operate on their social experiences creating a mental representation of their environment (Grusec, 1992). According to the theory, these internalised expectations, attributions and cognitions subsequently mediate social behaviour. Thus, while beliefs and expectations are a product of experience, they subsequently determine experience in a way that fosters their maintenance through the recapitulation of previous transactional patterns (Dodge & Petit, 2003).

Implicating the acquisition of internal cognitive representations as supporting the link between life experiences and future behaviour invites comparison to complementary ideas within attachment theory. Nonetheless, Dodge (1993) conceives that divergence between the two approaches is inherent in the differing emphasis on historical and contemporary determinants of behaviour. Concepts intrinsic to social cognitive theory are considered to operationalise mechanisms proposed by attachment theory and enhance an understanding of how risk variables result in specific developmental outcomes. In contrast to attachment theory, the strength of the social cognition approach is bolstered by its profuse methodological contributions and empirical approach to the study of underlying knowledge structures and their influence on information processing.

1.4.2 Social knowledge structures

Social knowledge structures are defined as “*the evolving outcomes of life experiences*” (Dodge & Petit, 2003 p.361) and are cited as the link between early and later experience. Akin to attachment theory’s proposition of internal working models, social cognitive theory articulates many constructs relevant to the encoding and organisation of knowledge acquired within a social context. These constructs are thought to interact and influence behaviour and personality. For example, self, other and relationship schemata are regarded as creating expectations, assumptions and contingency rules which in turn affect individuals’ perceptions, interpretations and actions in the world (Baldwin, 1992).

The assumption that experience influences the construction of latent knowledge structures is prominent within a social cognitive perspective. This has encouraged interest into the nature of environmental experiences and their impact on the development of essential social cognitive skills based on the supposition that variations in experience will affiliate with variations in social cognition. Indeed, research has established that individuals differ in the types and accessibility of their social constructs and that repeated experiences within particular domains of social behaviour culminate in the chronic accessibility of the corresponding construct (Petit *et al.* 2001). In contrast to attachment theory, social cognitive models invoke a wider range of experiences as possible determinants of underlying knowledge structures including exposure to violence and socialisation strategies.

1.4.3 Social Information Processing

Mechanisms involved in the processing of social information facilitate an understanding of how knowledge structures influence behaviour (Dodge & Petit, 2003). Social information processing models ascribe social behaviour as the outcome of characteristic perceptual, problem-solving and evaluative mental operations. In this way such models are regarded as describing the phenomenology of social interaction; they explain how a behaviour transpires rather than why.

The information processing model proposed by Crick and Dodge (1994) is one of the most well known models of social cognition and offers an integrative perspective. According to this model, a behavioural response occurs as a function of a sequence of processing steps proceeding in sequential order. The first step is the **encoding** of social information through sensory input, perception and attention to social cues. In order to abridge the vast and complex stimulus array, schemas stimulate selective attention to salient aspects of the environment, influenced by previous environmental and socialising experiences. Next, the encoded cues undergo the process of **mental representation** in which they are integrated with existing stores of information and assigned meaning. Stored in memory is a meaningful interpretation of the event rather than a literal trace of the event itself. The representation process subsequently generates **behavioural and affective responses** through response accessing. Dictated by the content and composition of knowledge structures, this step is rule governed and strongly linked to the previous appraisal stage. Following this, representations of potential outcomes, evaluations of these outcomes and beliefs regarding capacity to enact an outcome are elicited during the **response evaluation** stage. Posited to describe the decision making process, this is a precursor to the final stage of **enactment** in which the selected response converts into a behavioural response.

It is clear then that, as an aggregation of past experiences, one function of evolving knowledge structures is to guide and organise the processing of information in social endeavours. In turn, information processing acts as the proximal mechanism that directs social responding. Baldwin (1992) reviewed several means by which schemas influence social information processing, including selective attention to cues, biased interpretations of ambiguous information and biased expectancies for the outcomes of events. By integrating the constructs of social information processing patterns and knowledge structures (for example, Dodge 1993; Dodge & Petit, 2003), social cognitive models bridge a gap between the levels of representation and behaviour (Petit *et al.* 2001).

1.4.4 Social cognition and adaptation

A growing body of research has identified an association between the manner in which children process social information and their psychosocial adjustment. Empirical evidence suggests that acquired processing patterns lead to particular developmental outcomes (Dodge, 1993). For example, Dodge and Price (1994) showed that perceiving the social environment accurately and proficiently was related to competent social behaviour and adjustment. Similarly, biases and inaccuracies in observing and construing social situations are associated with ineffective social behaviour, such as aggression, and social maladjustment, such as peer rejection (Dodge & Coie, 1987; Guerra & Slaby, 1989; Price & Landsverk, 1998).

Extending social information processing theory to account for patterns of developmental psychopathology, Dodge (1993) summarises empirical studies which highlight the role of processing variables in both externalising and internalising behaviour problems. Overall, this research demonstrates that aggressive and depressed children exhibit processing biases and deficits across several processing stages and in numerous categories of social situations. For example, aggressive children selectively attend to hostile cues, display hostile attributional biases in response to ambiguous information, readily access aggressive responses and have limited skills for enacting non-aggressive responses (Dodge *et al.* 1986).

Intervention studies which seek to decrease aggressive responding by targeting biased social-cognitive processing styles provide some of the strongest evidence of the role of social cognition as a mediator in psychosocial adaptation (Bradshaw & Garbarino, 2004). Although early research in this area (for example Kazdin *et al.* 1992) reported modest improvements in social-cognitive skills, more recent treatment studies utilising social cognitive theory (for example, Webster-Stratton & Reid, 2003) report substantial gains across many information processing stages with concomitant improvements in children's social and behavioural adjustment.

1.5 Exposure to Risk: The Impact of Abuse and Neglect

Theories of attachment, social learning and neurological research make valuable contributions to understanding the link between early socialising experiences and later adaptation. The theory and empirical research reviewed so far within these paradigms supply mechanisms for continuity between early experience and later social, behavioural and emotional adjustment. As research with LAAC consistently demonstrates deficits in these areas of functioning, concepts from attachment and social cognition can help to delineate mechanisms by which features of their backgrounds contribute to observed difficulties. This cultivates an appreciation of the formation of risk in their lives and the enduring impact of early adversity.

1.5.1 Experience of Maltreatment

Less than 6% of children enter care without known exposure to maltreatment (Tarren-Sweeney & Hazell, 2006). Creating vulnerabilities in important areas of functioning, maltreatment involving abuse and neglect presents significant risk for children. It is consistently found to be a predictor for childhood psychopathology with a higher incidence of social and emotional problems being reported in maltreated children such as aggression, hostility, lack of emotional responsivity and low self-esteem (Egeland *et al.* 1983). As a driving force in research on risk, a developmental psychopathology framework provides an understanding of normal and abnormal developmental trajectories. Cicchetti and Toth (1995) incorporate this perspective to understand the adverse effects of maltreatment and assert that the experience of abuse distorts four key areas of a child's functioning: attachment, emotional resilience, social competence and sense of self.

1.5.2 Attachment in Maltreated Children

Mediated by the formation of IWM's which hold cognitive-affective expectations of self and other, the history of care is thought to be exposed in the organisation of attachment behaviour (Carlson & Sroufe, 1995). This is evidenced by studies

exploring the attachment relationships of maltreated children which reveal that these are more likely to be insecure than those of non-maltreated children (Cassidy & Mohr, 2001; Egeland & Sroufe, 1981; Schneider-Rosen *et al.* 1985). The presence of abuse and neglect creates an extremely frightening and problematic care-giving environment which promotes the development of anomalous behaviour patterns. Lyons-Ruth and Jacobwitz (1999) report that disorganised behaviour is observed in over 80% of maltreated infants and studies designate a preponderance of disorganised attachment patterns in maltreated children (Barnett *et al.* 1999; Carlson, 1998). Growing evidence aligns attachment disorganisation with the development of externalising disorders, aggression and oppositional defiant disorder (Lyons-Ruth & Jacobwitz, 1999; Moss *et al.* 2004). Maltreated children in the Erickson *et al.* (1985) study exhibited anger, aggression, anxiety and a range of interpersonal difficulties with neglected children presenting with the most severe and varied difficulties.

A number of mechanisms have been proposed to account for the relation between disorganised attachment and elevated risk of psychopathology. The relational experiences of maltreated children, according to Cassidy and Mohr (2001), confront them with the dilemma of fearing the figures they simultaneously rely upon for protection. They face fear without a solution and this irresolvable conflict consequently culminates in the breakdown of attachment strategies which manifests as disorganised behaviour. A number of studies highlight the transformation over time of the conflicted, apprehensive or helpless behaviour characteristic of disorganisation, into various forms of controlling behaviour in which maltreated children develop rigid self-reliance and a compulsive need to control all aspects of their environment (for example, Lyons-Ruth, 1996; Main *et al.* 1985). DeKlyen and Speltz (2001) state that while this may be an adaptive response to improve the predictability of their environment, such behaviours can evolve into the coerciveness characteristic of early conduct problems. Therefore, it seems that behaviours which are adaptive and functional in the environment fostering them, can actually become maladaptive and self-limiting. Indeed Golding (2006) posits that the strategies developed by looked-after children to cope with adversity undermines their ability to respond flexibly to experience and consigns a limited behavioural repertoire.

A further mechanism relates to the notion that early patterns of caregiver-infant interaction are abstracted and imposed upon future situations and interactions via the organising influence of internal working models (Carlson & Sroufe, 1995). Relationship experiences consisting of exploitation, victimisation and inconsistency are encoded in internal representations characterised by mistrust, anger and fear which then influence future perceptions, expectations and inferences within interpersonal contexts. When maltreated children approach the world bearing dominant negative expectations, a repetition of earlier approach/avoidance conflicts may ensue. Such internalisations distort perceptions of new interactions and encourage behavioural responses along restricted social roles (Greenberg *et al.* 1993). This engenders maladaptive patterns of relating and threatens successful interpersonal functioning in non-abusive environments (Cicchetti & Toth, 1995). A number of studies document the vulnerability of maltreated children to difficulties in peer relations (for example, Bolger *et al.* 1998; Moss *et al.* 2004; Parker & Herrera, 1996) reporting two predominant patterns; heightened levels of physical and verbal aggression and a high degree of withdrawal from and avoidance of peer interactions. Shields and Cicchetti (2001) contend that both patterns are a self-protective response to an expectation of social threat.

Bowlby's (1988) description of defensive processes may account for the rigidity in responding shown by maltreated children. Invoked by the experience of maltreatment, defensive processes ensure that current responses to experience are heavily influenced by earlier responses to emotionally significant events. As a result,

“behavioural and affective responses are inflexibly applied and may be maladapted to new situations and opportunities” (Carlson & Sroufe, 1995, p.597)

1.5.3 Emotion Regulation in Maltreated Children

With wide-ranging implications for children's social development, the capacity to recognise and regulate emotions emerges within the context of supportive parent-child interactions. As such, children with suboptimal experiences of caregiving

including neglect, abuse and violence often display disruptions in affect regulation (Golding, 2006). Salient in the emergence of maladaptation and psychopathology, early affect-regulatory failures place a child at risk for later difficulties. Thus, the emotional and behavioural problems shown by looked-after children may reflect their inadequate attempts to regulate strong emotions.

Indices of emotion dysregulation are regularly reported in the child maltreatment literature. From infancy, deviations in emotional expression, recognition, understanding and communication have been documented (for example, Cicchetti & Toth, 1995; Erickson *et al.* 1989). In their investigation of maltreated pre-schoolers, Maughan and Cicchetti (2002) found that 80% exhibited dysregulated emotion patterns varying from under-controlled ambivalent displays of emotion to over-controlled and unresponsive emotional presentations. This suggests that defensive strategies originating from early dysregulation maintain distortions in patterns of emotion regulation. When dysregulated affective responses are evoked, coherent to prior experience but inconsistent with the current context, social functioning is compromised (Carlson & Sroufe, 1995). Cross-sectional investigations yield support for the claim that, over time, affect-regulatory problems manifest as behavioural dysregulation. As emotions play an integral role in organising social behaviour, maltreated children, have been found to display increased rates of disruptive and aggressive behaviour in social and peer settings (Kaufman & Cicchetti, 1989; Shields & Cicchetti, 2001).

The prevalence of dysregulated emotions and behaviours in maltreated children may be augmented by altered neural organisation and biochemistry, specifically distortions in corticolimbic pathways and excessive cortisol levels. Indeed, Dozier *et al.* (2005) found anomalous patterns of cortisol production and evidence of physiological, behavioural and emotional dysregulation in their sample of foster children.

Overall, the findings of such studies have provoked many researchers to coalesce on the mediational role occupied by emotion regulation deficits between adverse relational experiences and psychosocial outcomes (Maughan & Cicchetti, 2002).

1.5.4 Social Cognition in Maltreated Children

Social cognitive theory conceptualises that the experience of maltreatment leads to social and behavioural maladjustment through the acquisition of biased and deficient social information processing patterns (Dodge *et al.* 1990). Within this account, social cognitive style mediates the relation between abuse and later aggression. Studies with maltreated children suggest that the experience of abuse primes them to perceive and respond to the world in deviant ways.

The work of Dodge and his colleagues (Dodge, 1993; Dodge *et al.* 1990) has been instrumental in informing this area of research. As described earlier, the knowledge structures of maltreated children reflect negative evaluations of themselves and others and negative expectations for social interactions. Used as a guide to organise and evaluate incoming information, they can subsequently distort and misrepresent the social environment and generate inappropriate behavioural responses. Illustrative of this, story-stem completion paradigms have shown maltreated children's narratives to manifest more negative interpersonal expectations (McCrone *et al.* 1994) and contain more conflictual and fewer moral/affiliative themes (Toth *et al.* 2000b).

Studies investigating social information processing in maltreated children have found consistent patterns. Developing in threatening environments which inhibit appropriate attention to interpersonal cues, maltreated children are hypervigilant to aggressive stimuli, recall more aggressive stimuli than non-maltreated children and readily assimilate aggressive material (Dodge *et al.* 1990). Inaccurately perceiving hostile or aggressive intent in others and possessing prominent aggressive responses results in maltreated children being at risk of enacting problematic social behaviours. This association was demonstrated by Price and Landsverk (1998) who found that

measures of social cognition were predictive of behavioural maladjustment in maltreated foster children. Identifying the aggressive response pattern of these children as a functional adaptation to the abusive environment, Cicchetti and Toth (1995) caution that the adaptive qualities are renounced in non-threatening situations.

1.5.5 Self-Concept of Maltreated Children

Based on relationship history with primary caregivers, children construct representational models of others, themselves and of themselves in relation to others (Bowlby, 1982). While the prior sections have predominantly focused on the impact of negative representations of others stemming from abusive histories, this section considers the concomitant effect of maltreatment on the construction of children's sense of self. The role of internalised relationships in defining and maintaining a sense of self is emphasised within an attachment framework. Early relationships characterised by availability and responsivity, hallmarks of security, are conducive to the formation of a positive sense of self in which children hold a belief of themselves as competent and worthy. Studies exploring the self-concept of maltreated children indicate that abusive and neglectful environments endanger the emergence of a positive sense of self with implications for later psychosocial adjustment.

Research identifying disproportionate rates of insecurity among maltreated children suggests that these children are likely to possess comparable deficits in self-system processes and self-esteem.

“The psychological unavailability, inconsistent accessibility and chronic insensitivity of maltreating parents leads the child to construct a working model of.....the self as unlovable” (Cicchetti, 1991, p.281)

Numerous studies have verified this assertion and illustrated the representational models of self that maltreated children form. Research has shown that maltreated children possess less positive self-concepts (Egeland *et al.* 1983; Toth *et al.* 2000), display lower self-esteem (Bolger *et al.* 1998; Kaufman & Cicchetti, 1998), impaired

perceived competence and more depressive symptoms (Hammen, 1988; Toth *et al.* 1992) than non-maltreated children. In a longitudinal study of maltreated pre-schoolers' narrative representations, Toth *et al.* (2000a) found that constructions of self became increasingly more negative with age and, over time, tended to manifest the concurrence of both a negative and grandiose self. The authors interpret this finding as evolving from a disorganised attachment style in which multiple incompatible models of self exist.

Reconciling the association between maltreatment and increased negative self representations, Fonagy *et al.* (2002) conceive that negative self-attributions stem from an effort to rationalise the occurrence of the abusive or neglectful treatment. The persistent absence of positive attention and validation experienced by maltreated children results in the consolidation of the self as negative in order to understand the actions and attitudes repeatedly expressed towards them. By limiting their capacity to behave flexibly, the establishment of such a constricted self-structure contributes to the formation of risk in the lives of neglected and abused children. Research consistently demonstrates the association between negative representations of self and impairments in the social domain including dysfunctional social behaviour and less positive peer status (for example, Bolger *et al.* 1998; Hammen, 1988; McCrone *et al.* 1994). The self-perpetuating nature of internal working models culminates in the maintenance of children's negative representations. In this way, the operation of maltreated children's inaccurate negative self-concepts in interpersonal contexts will be continuously self-limiting and self-defeating.

1.5.6 Summary

In summary, evidence of poor attachment representations, emotion dysregulation, inaccurate social information processing patterns and negative self-concepts in maltreated children may illuminate the emotional, cognitive and behavioural processes underlying the adjustment and behaviour problems of looked-after children. This understanding should be incorporated into intervention approaches aimed at ameliorating the effects of adverse relational experiences.

1.6 Interventions for LAAC: Evidence Base and Current Service Provision

The previous sections established LAAC as a vulnerable population in which their compromised early experiences contribute to their high risk status. By considering potential processes and mechanisms underlying the high prevalence rates of mental health problems, attachment and social learning perspectives illuminate the impact of developmentally disruptive experiences. How then is this knowledge used? Despite the history and prominence of the theoretical perspectives utilised to understand the experiences of LAAC, the current evidence base regarding effective interventions to improve long-term outcomes is limited and service provision fragmented (Richardson & Lelliot, 2003). Moreover, evidence identifying high rates of mental health problems emerges awkwardly alongside research suggesting that LAAC have significant difficulties accessing mental health services (for example, Dimigen *et al.* 1999). Indicating that this population may face continuing disadvantage, this dichotomy has motivated recent government initiatives in which LAAC are recognised as a priority group (Hare & Bullock, 2006).

1.6.1 Unmet Need

The mental health needs of LAAC are well-identified. However, it is repeatedly cited that these needs remain largely unmet and fail to be adequately managed (Blower *et al.* 2004; Leslie *et al.* 2004; Polnay & Ward, 2000). The existing evidence base reflects Minnis and Del Priore's (2001) finding of considerable diversity in the provision of psychological services for looked-after children and the interventions offered. Craven and Lee (2006) conducted a systematic review of therapeutic interventions for foster children which highlighted a gap in the literature regarding empirically validated interventions. Approaches ranged from specific treatment interventions to preventive interventions addressing risk and protective factors and of the eighteen studies included in the review, only six were exclusive to foster children. Intervention studies focusing on training foster carers (for example, Pallett

et al. 2002; Linares *et al.* 2006) have produced mixed results with Minnis *et al.* (2001) and Pallett *et al.* (2002) both reporting that this did not impact upon the emotional and behavioural functioning of foster children. Attachment-based interventions have also been developed to address the difficulties of LAAC (for example, Hughes, 2004) but a lack of empirical support has created uncertainty regarding the efficacy and appropriateness of current attachment approaches (O'Connor & Zeanah, 2003).

In addition to disparate approaches and a lack of evaluated specific interventions, many other factors are avowed to interfere with an effective response to the recognised mental health needs of LAAC. For example, research suggests that factors other than need often dictate use of mental health services reflecting the influence of various political and ethical issues. Leslie *et al.* (2004) found that non-clinical factors such as age, race, social status and type of maltreatment limited access to appropriate support for LAAC and suggested that this could lead to inequitable distribution and under-utilisation of mental health services. Additionally, a recent qualitative study assessing the needs of foster children discerned that some children view mental health professionals as inaccessible and irrelevant to their needs (Blower *et al.* 2004) suggesting that children's engagement with services could further obstruct access to beneficial therapeutic support.

Interestingly, Hare and Bullock (2006, p.27) argue that the term "Looked-After and Accommodated Children" represents a barrier in itself stating:

"Looked-after children are an administrative group in that they are defined by law and state responsibility and not by need. Hence they will have little in common other than the fact that they are looked-after."

They contest that such a label is akin to a stereotype and that, while having some empirical basis, it neglects the heterogeneity of functioning manifested by foster children and hinders the development of a needs led service. This view is shared by Cichetti and Toth (1995) who believe that the lack of consensus regarding the most

appropriate approach with LAAC reflects the diversity that exists within the population and the complexity of their circumstances. It is argued that, to regard LAAC as a homogenous group, confers upon them a significant disadvantage in accessing appropriate support.

1.6.2 Service Development

Confronted with such challenges, it is clear that addressing the mental health needs of looked-after children and overcoming long-standing patterns of disadvantage is a complex task. National policies, government publications (for example *Extraordinary Lives*, Scottish Executive, 2002c) and research findings recognise the role of psychological services and provide the context for the emergence of specific provision for this vulnerable client group.

Responding to the call for more co-ordinated and strategic services and the need to advance the evidence base, a number of recommendations have been proposed in the literature. O'Connor and Zeanah (2003) contend that efficacious services addressing the needs of these high risk children rely upon empirically supported interventions based on robust theoretical and evidentiary grounds. In the drive for evidenced based treatment approaches that may have utility with the LAAC population, Barth *et al.* (2005) propose that interventions based on social and cognitive learning theory exhibit promise. They surmise that an attachment paradigm, while an established and respected theory of children's socio-emotional development, lacks the empirical backing as a basis for therapeutic intervention and attracts caution due to the potential for "*misuse and misapplication*" (Steele, 2003, p.219). Conversely, social learning and cognitive approaches demonstrate evidence of efficacy therefore justifying their use as the underpinning theory of clinical intervention. Citing that promising interventions with maltreated children and conduct-disordered children share a social and cognitive learning heritage, Barth *et al.* (2005) conjecture that interventions developed for children with conduct disorders should be adaptable to interventions with looked-after children.

1.7 Current Research

1.7.1 Webster-Stratton Dina Dinosaur Small Group Therapy Programme

With strong empirical evidence of its efficacy in treating child conduct problems and rooted in social-cognitive and learning theory, the Dina Dinosaur Social Skills and Problem Solving Child Training Program (Webster-Stratton, 1990) shows considerable potential as an efficacious treatment for LAAC. The program is a clinical child-training intervention developed as a corollary to the scientifically supported Incredible Years parenting intervention. Aimed at enhancing children's social and emotional competence, the Dina Dinosaur Therapy Programme emphasises teaching children aged four to eight skills related to emotional literacy, empathy, interpersonal problem solving, anger management and communication (Webster-Stratton & Reid, 2003)¹. Two randomised controlled studies (Webster-Stratton & Hammond, 1997; Webster-Stratton *et al.* 2001) have documented its short and long-term effectiveness in reducing conduct problems and a recent UK based study by Hutchings *et al.* (2007) produced consistent findings.

At its theoretical core, the Dina Dinosaur Therapy Programme is based on extensive evidence documenting the types of social, emotional and cognitive deficits displayed by conduct-disordered children (Dodge, 1993; Dodge & Petit, 2003) and research demonstrating the stability and trajectory of these difficulties without early intervention (Kazdin *et al.* 1992). These issues are also relevant to LAAC who share similar vulnerabilities and deficits. Consistent with the aims and skills targeted in the therapy programme, Golding (2006) states that intervention with LAAC should compensate for those personal resources endangered by their backgrounds and provide them with a broader range of adaptive solutions to enable them to move beyond self-limiting ways of interacting and coping.

¹ Appendix I provides an outline of the therapy programme content and goals

There are many reasons to regard the Dina Dinosaur Therapy Programme as possessing considerable potential as a therapeutic intervention with looked-after children. Research so far has involved biological families and the evidence of efficacy with maltreated children is limited. The strong theoretical rationale for its applicability with this population warrants further investigation and this constitutes the focus of the current study.

1.7.2 Children's Views

Recent government initiatives advocating that children's opinions and experiences should be sought have meant that obtaining children's views as service users is increasingly desired. Examples of studies exploring children's views include asking for their perceptions of Child and Adolescent Mental Health Services (CAMHS) (Ross & Egan, 2004), of play therapy services (Carroll, 2002) and their understanding of therapeutic change (De La Cruz, 2002).

Such interest in and respect for children's experiences indicates a shift in how children are viewed. As opposed to being deemed incompetent or unreliable informants, Cairns and Brannen (2005) promote a view of children as active citizens knowledgeable about their world and with a valuable contribution to make. Wolpert *et al.* (2001) contend that in mental health services, mechanisms should be in place to obtain the unique perspectives of children. Children are the recipients of the Dina Dinosaur Therapy Programme and it is therefore important to allow them the opportunity to express their views on the service they receive. As this intervention has not been evaluated with LAAC, gaining an understanding of how they experience this is a primary concern.

The primary source of knowledge about children's experiences is the child himself. As opposed to seeking information about children, researchers are increasingly pursuing information directly from them (Docherty & Sandelowski, 1999). Nonetheless this pursuit is fraught with complications and challenges. Children, particularly very young children, are cited as not possessing the necessary cognitive

and communication skills for meaningful qualitative enquiry (Birbeck & Drummond, 2007). Specifically, the validity and reliability of their accounts are said to be undermined by an ego-centric perspective, a susceptibility to suggestion and acquiescence and an incomplete recollection of events and experiences (Smith et al, 2003). Thus, their stage of cognitive and social development is said to limit their capacity to accurately convey their experiences, particularly in the typical “question-and-answer” interview format (Hill et al, 1996). Such concerns have restricted the participation of young children in qualitative research.

However, these proposed impediments have not deterred some researchers from including children as young as three years old in qualitative research. For example, both Docherty and Sandelowski (1999) and Curtin (2001) cite studies which have incorporated information from pre-school aged children. Although there is continuing controversy in this area, these authors argue that it is the combination of a child’s developmental age and the nature of the interview setting, such as the structure, content and timing that determines the quality and reliability of children’s accounts. Accordingly, there is a current emphasis in the literature on developing new and inventive ways of engaging children (Hill et al, 1996) and ensuring their inclusion as informants in qualitative research.

Concomitant to a growing awareness of children’s contribution must be an appreciation of factors that mediate children’s understanding and meaningful participation. Enabling children’s meaningful participation necessitates consideration of how their cognitive ability, linguistic ability and familiar means of communication impact upon their ability to express themselves (McLeod, 2006). Recognition of the diverse ways in which they express themselves and communicate their feelings and experiences is reflected in this study by the use of developmentally-appropriate methods. Birbeck and Drummond (2007) state that, when children are engaged using strategies to support their abilities and needs, there is no reason to doubt that their thoughts and perceptions are anything other than competent. Relevant developmental issues regarding children’s participation in qualitative research are given further consideration in the Methodology section.

1.7.3 *Qualitative Investigation*

Issues regarding effective ways of facilitating children's participation in the research process are never as pertinent as when undertaking qualitative research with this population. However, Wolpert *et al.* (2001) argue that these should not be perceived as obstacles and used as validation for avoiding such an enterprise. Indeed, as Hennessey (1999) asserts, qualitative methods have much to offer and can evoke information that is not captured by quantitative methodologies. Investigating individual experience generates an understanding of not just what is effective, but also the therapeutic process in terms of internal changes and the meaning and significance attributed to treatment (Webster-Stratton & Spitzer, 1996). Such information can often be of equal if not greater utility than knowledge of clinical outcome.

Adopting a qualitative design for the current study seemed appropriate for many reasons. As described previously, the clinical effectiveness of the Dina Dinosaur Therapy Programme has already been established. Krahn and Putnam (2002) state that qualitative methodologies can be used to complement or enhance experimental designs by offering an alternative avenue into complex processes. Although the multi-faceted and hierarchical nature of the intervention is considered a strength (Webster-Stratton & Reid, 2003), it may be problematic for quantitative designs in terms of clarifying which processes have led to which outcomes. Change is likely to occur at multiple levels thus rendering it difficult to empirically quantify. Obtaining children's perceptions and experiences of the group could lead to a more comprehensive understanding of the impact of the different components and the process of therapeutic change. This is an under-researched area, well suited to an exploratory method of analysis. Moreover, qualitative approaches also afford the opportunity to learn about the wider implications of partaking in interventions that would be neglected by quantitative methods. Given the complexity of looked-after children's circumstances and family contexts, reported to often confound therapeutic

methods (Hart & Luckock, 2006), gaining an insight into such factors would seem a valuable pursuit.

Utilising qualitative methodology appears relevant to the drive to engage with children in a meaningful way in contrast to using them as passive sources of data as is often the approach within experimental designs in which objective measures predominate (Nelson & Quintana, 2005). A qualitative design lends itself well to eliciting children's views which, if done sensitively with a developmental focus, requires greater creativity and flexibility than standard quantitative methods permit (Hill *et al.* 1996).

By using a qualitative design to investigate the potential utility of the group intervention with looked-after children, it is hoped that this study can contribute to the current literature on interventions that seek to address the difficulties exhibited by this population. Investigating children's experiences and perceptions of the Dina Dinosaur Small Group Therapy Programme will also hopefully be seen to complement previous outcome based research.

1.7.4 Study Aims

Primary Aims

- To explore Looked-After and Accommodated Children's and their carers' experiences of participating in the Dina Dinosaur Group Therapy Program
- To investigate the potential of the Dina Dinosaur Group as an intervention with Looked-After Children
- To explore children's understanding of the processes of change that occur in the Dina Dinosaur Group

Secondary Aims

- To explore the impact of the group on children's social and emotional functioning and foster carers' provision of care
- To consider how children's understanding of the processes of change compare with the mechanisms identified in the literature
- To identify how children's and carers' experiences can guide future research and service development for looked-after children

2. Methodology

2.1 Qualitative Analysis

This study employed a qualitative analysis. Interpretative Phenomenological Analysis (IPA) (Smith, 1996) was chosen to analyse the data. Qualitative research encompasses an array of theoretical paradigms and methodologies. It has been depicted as a continuum or spectrum embracing varied forms, emphases and addressing different types of research questions (Denzin and Lincoln, 2003). At one end of the spectrum, Barbour (2007) describes the “micro” approaches of conversation and discourse analysis which focus on “how” questions. Other qualitative approaches address “what” questions and this is where Interpretative Phenomenological Analysis (IPA) (Smith, 1996) resides.

IPA is a relatively new but well established qualitative approach within psychology. Its focus on exploring personal experience and the centrality given to individuals’ perceptions was considered appropriate to the aims of the study. Denzin and Lincoln (2003) describe that four major paradigms structure qualitative research with IPA located within the constructivist-interpretive paradigm. A more well-known method of qualitative analysis, Grounded Theory, is also within this paradigm and also seeks to address questions of meaning and understanding. However this was not chosen for a number of reasons. Although similar in many ways, Grounded Theory developed within the field of sociology and is therefore regarded to place greater emphasis on identifying the context to phenomena rather than the nature of the phenomenon itself (Willig, 2001). Its goal of obtaining an explanatory theory to elucidate the social processes through which meaning is negotiated differs from IPA’s exploration of individual lived experience to capture the meaning of an experience or event (Starks and Trinidad, 2007). Moreover, Grounded Theory has been criticised for not sufficiently acknowledging the role of the researcher. For this study, in which the researcher was also the lead therapist, this would have been a limitation. IPA, conversely, explicitly recognises the integral role of the researcher throughout the

research process. Finally, Grounded Theory's process of recursive sampling and analysis would have been difficult to achieve given the commitment already invested by the foster carers in the eighteen-week therapy group, particularly in the context of foster care and its associated demands.

Barbour (2007) highlights the multiple influences determining the selection of an approach which include the researcher's background, personal interests, discipline and curiosities. Difficult to extricate, these in turn initiate variance in how an approach is adopted with each researcher said to exert their own "spin" by generating unique data, interpretations and analyses.

2.2 Design

Data was collected via separate focus groups conducted with looked-after children and their carers and also individual semi-structured interviews with the children. The design of this study therefore adopted a triangulated approach. Triangulation is defined as the study of a phenomenon from different perspectives for the purpose of increasing rigour and breadth (Denzin and Lincoln, 2003). The concept of triangulation has a long history in qualitative research and was originally conceived as a strategy to promote quality in qualitative endeavours by increasing reliability and validity. More recently, it is regarded to contribute to quality control by the generation of knowledge and facilitating a more in-depth understanding of the issue under investigation (Flick, 2007). The aim of triangulation is to produce knowledge at different levels and in different ways and Denzin and Lincoln (2003) outline various ways of achieving this. Of relevance to the design of the current study are strategies of data triangulation and methodological triangulation.

Data triangulation refers to the use of different sources of data whereby a phenomenon is studied at different times and/or with different persons (Flick, 2007). In the present study, both children's and their carers' viewpoints were sought and integrated into the analysis with the aim of obtaining a fuller account of the therapy group intervention. *Methodological triangulation* is the combination of methods in the study of a phenomenon in order to minimise the limitations inherent in a

particular approach and to generate different perspectives (Flick, 2007). Both individual interviews and focus groups were utilised in the current study. Flick (2007) suggests that these methods operate at different levels and therefore may offer different dimensions of knowledge. The design of the current study therefore encompassed various strategies of triangulation. Data gathered from the focus group with the foster carers and the focus group and individual interviews with the children generated three data streams which were subsequently incorporated into one analysis.

A personal reflective diary, recording the researcher's own experience of the research process, was maintained throughout the study. This was particularly relevant given the researcher's dual role as both researcher and lead therapist of the therapy group.

2.3 Participants

Participants were five looked-after and accommodated children, aged between five and eight, who were attending the Dina Dinosaur Small Group Therapy Programme and their five carers. All the carers were female. Of the children, two were female and three were male. The group ran for eighteen weeks between March and June 2007. Four children were currently in short-term foster care and one child was adopted². All children involved in the group and their carers were interviewed.

2.3.1 Parallel Support Group for Carers

While the main focus of the study was the Dina Dinosaur Group involving direct intervention with the children, it is important to highlight that running alongside this was a carer's group. The original purpose was to provide a room for carers to wait in while the group was running to ensure they remained on-site for safety and practical reasons. The aim was for the group to be carer-led and for them to use the time however they wished. On most weeks, an experienced clinical psychologist was available during these times to facilitate carer-led discussion and to inform them of

² For simplicity, all children in the study will be referred to throughout as foster children.

the content of the Dina Dinosaur group session and home practice activities for that week.

2.4 Procedure

2.4.1 Recruitment of Participants

The study was initially introduced to carers in a group setting during an Information Meeting about the Dina Dinosaur Therapy Group. Throughout the recruitment stage, efforts were taken to ensure participants were fully aware of the voluntary nature of participation and appreciated the nature of the research and its potential implications.

It was emphasised at this point that participation in the research study was not a necessary requirement for involvement in the therapy group. During the second month of the group, carers were provided with information sheets (see Appendix II) outlining the aims and procedure of the study, designed to facilitate their ability to make an informed choice regarding participation. Information sheets were adapted for children taking account of their developmental stage and level of understanding. They were encouraged to discuss the research independently with their carers. Both children and carers were given a month to consider their decision. This period of time permitted numerous opportunities in which prospective participants could ask questions about the research, either during attendance at the group or by contacting the researcher directly via the contact details included on the information sheet. Recruitment to the research study was 100% with all children who participated in the therapy group and their carers agreeing to take part.

After agreeing to take part, participants were given consent forms to sign (see Appendix III). As the young people in this study were all under the age of sixteen, a consent form was required to be signed by their carers in addition to providing independent consent. All consent forms were co-signed by the researcher. It was highlighted to all participants that they retained the right to withdraw their consent at any stage without having to provide a reason. They were assured that such action would have no bearing upon the standard of care they received from the service at the time or any point in the future.

2.4.2 Data Collection

The primary source of data collection was through focus groups conducted separately with the children and their carers. Semi-structured interviews were also carried out with the children in order to follow up, on an individual basis, some of the issues arising from the focus group.

Developing and conducting focus groups is compatible with key assertions of IPA. Although typically used with individual interviews, Smith (2004) advocates that integrating focus groups within IPA designs has potential utility and warrants further exploration. This is demonstrated by several studies which have successfully incorporated group interviews with an IPA approach (for example, Flowers *et al.* 2003; Jordan *et al.* 2007). The former study enlisted a similar design to the current study whereby data was collected via both group discussion and individual interviews. As stated by Wilkinson (2003), focus groups are unique in terms of the method and type of data *collection* rather than for the method of data *analysis*. With no preferred or ideal way, the chosen method of analysing focus group data should be governed by the researcher's theoretical framework and research question.

Focus groups were primarily chosen for the flexibility and variety they permit³. In contrast to interviews, Wilkinson (2003) asserts that they invoke an interaction that is more naturalistic and akin to everyday communicative processes. A key feature of focus group research is the dynamic quality of group interaction whereby group members are encouraged to interact with each other rather than directly with the researcher (Morgan, 1997). Within such an approach, responsibility for the direction of group discussion and individual contribution is largely situated within group members rather than the interviewer. Accordingly, focus group methodology has slowly expanded within the social sciences on the premise that they decrease the influence the researcher has over the interview process and elicit responses more

³ Inclusion of the puppets in the focus group over-represented the researcher's contribution and it is difficult to identify the influence of this methodology compared to a standard focus group format. Reasons for following this procedure are discussed and primarily relate to children's familiarity with the puppets and their potential to support children's communicative ability.

congruent with the social reality of the participant (Krueger, 1994; Madriz, 2003). Consistent with the commitment of IPA to detailed exploration of personal experience, Wilkinson (2003) contends that focus groups enable personal disclosure more than individual interviews.

Group interviews were regarded as suitable to the current study as they possessed advantages for both carers and children. Research has identified that group formats are more stimulating and gratifying than individual interviews, especially when members share a common experience (Wilkinson, 2003). As carers shared the experience of looking after foster children, it was anticipated that a group setting would contribute to a comfortable and hopefully positive experience for the participants. Indeed Kitzinger (1995) asserts that, where group members have similar experiences, this facilitates the expression of criticism, unspoken views and problem-solving potentially leading to a sense of empowerment and validation.

Focus groups are under-utilised with children but studies suggest that they bestow significant advantages (Porcelatto *et al.* 2002). This method was considered to be particularly applicable to undertaking research with children for a number of reasons. It engenders a safe peer environment reminiscent of familiar settings such as the classroom and, in this case, the Dina Dinosaur group. As the adult's role is one of a facilitator rather than an "expert" allowing children to have greater control over the interaction, this aimed to reduce the power imbalance between the researcher and participants. Adopting an enquiring stance and renouncing the role of expert to the child participants is advocated by many researchers (for example, Bricher, 1999). Ethical issues pertaining to qualitative research with children are extensively considered in Section 2.7.

Although focus groups can be supportive and enabling for children, they also provoke complex group dynamics determined by the personal qualities of participants. In recognition of this, and to allow children who may have been inhibited by a group format the opportunity to express their views, the group interview was complemented by individual interviews. Combining both styles of

interview has been recommended by a number of researchers (for example, Hill *et al.* 1996).

2.4.3 Interview Design

In contrast to the dominant view that children lack the cognitive capacity to reliably report their thoughts and experiences, much psychological research has established that they do possess the competency to assimilate and express their views. As opposed to citing limitations in children's abilities, problems identified in adult-child communication are now much more likely to be attributed to researchers failing to adjust to children's perspectives (Hill, 2005). Indeed, important developmental factors present particular methodological challenges when attempting to access children's experiences by obstructing their ability and/or willingness to voice their opinions. For example, children's linguistic competence, expressive ability and level of understanding have been shown to vary widely and can all exert an impact upon their performance in research studies. Additionally, the nature of the relationship with the researcher can create a complex dynamic and various social pressures. Adults are typically credited with authority over children (Mishna *et al.* 2004) and the resulting imbalance in status and power can be disempowering and inhibiting. Dockrell *et al.* (2000) highlight the fact that children continually respond to and interpret the demands placed upon them. This alludes to the expectancy cultures operative in systemic interactions, especially powerful in adult-child exchanges. As such, the perceived social demands of the research setting may be greater than the apparent demands of the interview itself. Vulnerable to behaving in accordance with social expectancy, children may thus offer answers which are motivated by their desire to please rather than being indicative of their true inner experiences. This impacts upon the amount, value and validity of their contributions (Hill, 2005). Thus children's performance as research participants is governed both by their developmental ability in relevant domains and the nature and setting of the research task (Dockrell *et al.* 2000).

Consideration must therefore be given to the most effective ways of putting questions to children. Discerning appropriate tools for engaging children and

capturing their perspectives was considered vital to the success of the current research. In order to assist children's ability to provide meaningful accounts of their subjective experience, the study incorporated the puppets used within the therapy group and employed multi-method data collection.

Puppets were seen as a developmentally appropriate tool to enable children to access and report on their thoughts and feelings. In accordance with methodological measures posited by Greene and Hill (2005), integrating the puppets aimed to reduce the social demands of the interview process, transcend children's tendency for acquiescence and occupy a space "*between adult figures of authority and the children themselves*" (p. 11). The effective use of puppets when conducting research with children is described by Measelle *et al.* (1998) who attribute the success to the fact that puppets can promote a natural, peer-like exchange and draw on children's propensity to use life-like props for self-expression. Furthermore, the use of puppets in the present study capitalised upon children's familiarity with them within the therapy group. A multi-method approach was employed within the group and individual interviews. Both traditional and creative methods of data collection were used. Taking account of children's preferred modes of communication and helping to sustain interest and motivation, conversation was interspersed with video vignettes, trigger stories, activities and visual prompts such as pictures and scenarios (see Appendix IV). Using multiple methods facilitates children's expression, exploration and clarification of their views (Hill *et al.* 1996).

2.4.4 Interview Format

All interviews were conducted by the researcher. The children's focus group was co-conducted with the second facilitator of the therapy group with whom the children were also familiar. The focus group with the carers lasted for ninety minutes. The focus group with the children lasted for sixty minutes while the length of the individual interviews was determined by the children's level of interest and concentration. The older children were interviewed for approximately thirty minutes each and the younger children were able to maintain interest for twenty minutes.

Semi-structured interview schedules were composed using guidelines outlined by Smith and Osborn (2003) and Morgan (1997). Principles of IPA and focus group methodology converge on the belief that schedules should include a range of relevant topics whilst also retaining scope to pursue issues not previously anticipated by the researcher. In this way, the interview is not governed solely by the researcher's agenda but is also shaped by the participant's interests and concerns, allowing an insight into their psychological worlds. Questioning proceeded in a sequential manner covering general and specific issues to encourage interaction and reflection on the topic of concern (see Appendix V). Based on Krueger's (1994) recommendations, dichotomous and directive "why" questions were avoided in favour of open-ended and "what" and "how" questions. This facilitates access to the participants own experiences and thoughts and lessens the likelihood of defensive reactions. When interviewing the children, the researcher was prepared to take a more active role in guiding the interview than is usual in an IPA study in response to the possible need for slightly more structure and guidance. This is advocated by Smith (2004) in recognition of the fact that the non-interventionist stance of IPA requires modification to enhance its applicability with children.

As the moderator within the focus groups, a key role for the researcher was to facilitate interaction between group members to maintain productive peer communication. This was to ensure that the group did not transgress into multiple individual interviews occurring simultaneously and that everyone had an opportunity to contribute. The researcher also offered summaries at various times of the emerging key points and clarified shared or diverse viewpoints. To enhance specificity and generate depth of discussion, children and carers were encouraged to provide detailed accounts of personal experiences (Morgan, 1997).

The following topics were covered with the children in the focus group discussion and subsequent individual interviews:

- Their expectations of the Dina Dinosaur group and understanding of why they were attending
- How they would describe the group intervention and its aims
- How they found the experience of participating in the group, their perception of the important elements and what they thought they had learned from the group
- The impact, if any, on their social and emotional functioning.

With the carers, the following areas were of interest:

- Initial perceptions and expectations of the Dina Dinosaur group and how these compared with their actual experience
- Relevance and utility of the group intervention to address the difficulties of foster and adopted children
- The impact the group had on the children's functioning and their own ability to address children's needs
- The benefits and limitations of undertaking the group intervention.

2.4.5 Timing and Setting

The focus group with the children was undertaken as near to the mid-point of the therapy group as practicably possible. This was considered appropriate for a number of reasons. The population participating in the study and knowledge of their past experiences had important implications for when the research was carried out and necessitated sensitivity in considering the relevant issues. A mid-point was chosen to ensure that the children had had adequate opportunity to establish a sufficient degree of trust and rapport with the researcher and to mitigate the data being contaminated by their experience of the group ending. It therefore took place on week ten of the eighteen week course. In many contexts, within both individual and group-based therapies, a reflective gathering of information about the process is an integral part of treatment. Providing opportunities during therapy for participants to feedback and

reflect upon their experience, feelings and perceptions is often regarded as good practice in order to inform the subsequent process and course of therapy.

In order to ensure familiarity and thus maximise the children's comfort and ease in the setting, the focus group was carried out in the same venue as the group and utilised the same structure in terms of snack and toilet breaks. This was in recognition of the fact that the setting and location of research can be as important as how the research is carried out, particularly with children (Greene & Hill, 2005).

Although the focus group was conducted in week ten for the reasons outlined above, the implications of this are acknowledged. Undertaking the focus group mid-treatment interrupted the progression of the therapy group and required the children to adjust to the researcher occupying different roles, from therapist to researcher. Although the fact that the researcher had a pre-established relationship with the children was considered advantageous within the research context, this may have influenced their perception of her in the therapeutic role when the Dina Dinosaur group re-commenced. Moreover, had all the children not agreed to participate in the study, this could have affected the ensuing group dynamic and therapeutic relationships due to inequitable contact time between some of the children and the therapist. As all the children consented to partake in the study, this issue did not transpire. Nonetheless, full recruitment to the research was not guaranteed when embarking upon the therapy group intervention.

The focus group with the carers took place during week twelve. Both practical issues and the desirability for carers to have established comfort and familiarity with each other and the process of the support group, determined the timing of this. It was conducted in the room in which the support group took place while the children's therapy group was running. Individual interviews with the children were arranged for the two weeks following the final session of the therapy group. To maximise comfort and aid recall, participants were interviewed at the therapy group venue where a private clinic room was available for this purpose.



2.4.6 Data Management

The data collected during the focus groups and interviews were audio recorded using a digital recorder and stored in confidential voice files on a computer laptop. These were then erased from the digital recorder. In order to maintain confidentiality and promote familiarity with the narratives, the recordings were personally transcribed verbatim by the researcher. At this stage, all participants were assigned a code number and pseudonym that was subsequently used during further stages of data management. No personal identifying information was retained with the data.

To ensure authenticity and clarify sentence forms and language, constant interaction between the audio interview material and the data sheets was maintained throughout the transcription stage. The retention of participants' own language and inclusion of significant non-verbal events and notable pauses is recommended to preserve consistency between the transcribed interview data and the context in which it is recorded.

Transcripts, originally saved as Word documents, were modified to Rich Text documents and transposed to NVivo (1999-2002 QSR International Pty. Ltd), a software research package specifically created to facilitate the management of qualitative data.

2.5 Data Analysis

2.5.1 Method of Analysis

The current research was interested in how individuals make sense of their experience and perceive processes of change. The line of enquiry therefore motivated a qualitative approach. Qualitative methodologies have particular utility when the topic under investigation is complex, novel or under-researched (Smith, 1996).

Existing literature on the therapy group process emphasises child-related outcomes and highlights commonalities among participants (for example, Webster-Stratton & Hammond, 2003). Conversely, the study of child-related processes and pursuing an

understanding of the personal and social experiences of children has largely been overlooked. It was hoped that by researching children's experiences, and specifically how they understand, construe and negotiate their worlds, a richer understanding of the group would emerge. Tapping into this offers the potential to explicate the "how", "what" and "why" of previous quantitative findings (Nelson & Quintana, 2005). The information and insights proffered by qualitative data do not sit as merely an adjunct to quantitative research. Rather, Krahn and Putnam (2002) contest that they valuably extend these and provide a rich context in which to understand quantitative results.

It was also felt important to capitalise upon the relationship established between researcher and participants. Results of qualitative studies with children are often criticised for being merely an artefact of the interview situation (Dockrell *et al.* 2000). It was hoped that the nature of the relationship with the participants in the current study would help to overcome this limitation and facilitate obtaining genuine insights into the children's worlds. Given the likelihood of damaged trust constructs within the population engaging in the study, familiarity with the researcher was seen as particularly desirable.

2.5.2 Interpretative Phenomenological Analysis (IPA)

Several components comprise IPA's theoretical position. It is heavily informed by the philosophical principle of phenomenology which is concerned with the ways in which humans acquire knowledge of the world, and states that individuals construct different realities based on their experiences (Willig, 2001). IPA therefore seeks to explore participants' subjective experiences and aims to understand how participants ascribe meaning to their personal experiences. However, it also recognises that this implicates a process of interpretation by the researcher. In this way, IPA is *phenomenological* (Giorgi & Giorgi, 2003) in its focus on individuals' perceptions and experiences of events and also *interpretative* due to the fact that exploring the experience of an other naturally entails one's own construal of it. This creates a "double hermeneutic" described by Smith (2005) as:

“The participant is trying to make sense of their personal and social world; the researcher is trying to make sense of the participant trying to make sense of their world” (p.40).

While the active role of the researcher would be regarded as a significant limitation within quantitative designs, this is promoted by IPA as integral to the process of meaning making. Experience is said to involve different levels of interpretation: from self to self (reflexive mental processes), self to others (communicating experience to others) and through others as they endeavour to understand the original experience (Greene & Hill, 2005). To this end, IPA impinges upon the sociological perspective of symbolic interactionism. In contrast to the positivist paradigm which assumes that reality is objectively given and can be described independently of the researcher, symbolic interactionism argues that meanings occur and are developed through interactions between people and associated dialectic processes (Denzin, 1995).

This consideration of the theoretical underpinnings of IPA led the researcher to conclude that it was well suited to the current study. In particular, the acceptance in IPA of the central role of the researcher was regarded as important given her role as an active facilitator within the therapy group. IPA is also consistent with a growing awareness in the social sciences that the role of the researcher is rarely neutral and that prior experiences and assumptions can not be eliminated (Parker, 2005). An essential component of the current study was therefore a scrutiny and explicit account of the researcher’s own position as an enquirer. This involved keeping a reflective diary documenting personal experiences and perceptions of undertaking the research.

2.5.3 Process of Analysis

Transcripts of individual interviews and focus groups were analysed within an IPA framework as described by Willig (2001) and Smith and Osborn (2003). Analysis was carried out within two sub-groups (children and their carers) and primarily entailed the interpretative work carried out by the researcher. An idiographic approach was utilised whereby the transcript of one interview was analysed in detail

before moving on to another. Analysis progressed from the specific (individual transcripts) to the more general (categorisations and super-ordinate themes).

Appendix VI details the steps of the analytic process and the systematic interrogation of the data.

The transcript from the children's focus group was analysed first, followed by their individual interview transcripts and finally the carers' transcript. This sequence was followed due to the fact that the focus group appeared to enhance children's contributions and generate richer data than the individual interviews, thus hopefully providing a productive basis for the analysis. Consistent with the guidelines proposed by Smith and Osborn (2003), the themes discerned from the children's focus group transcript informed the analysis of subsequent narratives. A corollary of following this procedure is the potential to bias subsequent analysis and potentially narrow the researcher's focus upon the emergence of new themes. However, it was found that adhering to this procedure enhanced awareness of what was repeated and what was novel. This enabled new themes to emerge and elicited further evidence for existing themes. As recommended by Smith and Osborn (2003), when novel themes appeared to surface within a transcript, earlier transcripts were scrutinised for the presence of these themes. This aimed to ensure a thorough and balanced analysis of the data whilst also acknowledging the intrinsic difficulty of achieving complete impartiality when approaching a new transcript.

This process permitted both idiographic accounts and group dynamics and patterns to emerge from the focus group data which revealed that in both the children's and carer's group, participants provided detailed descriptions of their personal experiences and spontaneously raised issues. Fulfilling this requirement, according to Smith (2004), renders it eligible for IPA analysis. Group factors were incorporated into the analysis by coding group dynamics such as laughter, humour and nodding within the right hand margin. Such processes are regarded to further espouse and be an additional representation of the theme under discussion.

2.6 Quality Control

The traditional framework of ensuring that research is of a particular standard, specifically reliability, validity and generalisability criteria, are regarded as inappropriate markers of qualitative research (Smith, 2003). These are the domain of quantitative research and it is argued that, to recruit the same criteria within qualitative designs, would be to oppose the rationale for employing such methods of enquiry. While quantitative research is underpinned by assumptions of researcher objectivity and disengagement from the analytic process, qualitative endeavours originate from a different philosophical position. Yardley (2000) therefore proposes alternative principles for assessing the quality of qualitative research. These were enlisted to evaluate the methodology of the present study.

2.6.1 *Sensitivity to context*

This category concerns a consideration of all the different aspects that encompass the research context. Evidencing an awareness of the underlying theory, existing literature, socio-cultural setting of the research and the relationship between researcher and participant are all ways in which this can be established.

In the current study, collating and considering the relevant literature in the introduction section demonstrated sensitivity to context. Careful attention was given to the socio-cultural background of the participants and the significance of this in terms of their current presentation and response to being involved in the research. An awareness of the current evidence base and existing interventions for the client group was also presented. In discussing the findings of the current study, an attempt was made to situate these within the extant literature and to draw links to previous related research.

With regard to the relationship between researcher and participant, this factor was pertinent in the researcher's mind throughout all stages of the research process. Bearing upon this was not only the fact that the participants were children, but also their status as looked-after and accommodated children. The design of the study

endeavoured to reduce the power imbalance inherent in adult-child interactions as much as possible. All research with children must take account of the power differential that is operative (Bricher, 1999). Additionally, data was interpreted and collected with an awareness of the potentially traumatic and disrupted backgrounds of looked-after children. For example, difficulties with trust and previous experiences of loss informed the timing of data collection. As stated by Greene and Hill (2005) “*Time and trust go hand in hand, particularly with children who have learned not to trust* (p. 17).” Moreover, the researcher was alert to how children’s past experiences with adults may influence the meaning attributed to participating in an interview process. Looked-after children are likely to have had numerous encounters with adults in which they were undermined, disregarded or that resulted in their lives changing significantly.

2.6.2 Commitment and Rigour

These criteria pertain to diligence in the research process and are demonstrated through level of engagement with the research topic and methods employed and thoroughness of data collection and analysis. To fulfil the criteria of commitment, the researcher aimed to develop competence in the method of analysis used by seeking advice and support from more experienced researchers. This was sought from two academic staff external to the University. This was also ensured by extended immersion in the data, both that which was collected during the study and previous relevant theoretical and empirical research, and through protracted engagement with the topic as both a researcher and a facilitator in the Dina Dinosaur Therapy Group Programme.

Rigour relates to the appropriateness of the sample and completeness of data collection and analysis. Although participant numbers were influenced by the size of the therapy group, it was considered adequate to provide information about the processes under investigation. This was enhanced through interviewing both children and their carers, thereby achieving a multi-dimensional understanding of the research topic, and by following up the children’s focus group with individual interviews.

Additionally, a multi-method data collection approach was adopted in order to capitalise on children's preferred means of expression and capture and maintain their interest. Demonstrating an appreciation of the complexities inherent in obtaining children's views, this aimed to facilitate children's ability to express and reflect upon their experiences and circumvent the limitations intrinsic in employing a single perspective on a topic.

Overall, in accordance with the principles of commitment and rigour, the researcher was acutely aware of the impact of social and developmental factors in researching children and endeavoured to demonstrate this by the chosen methods of enquiry, designed to penetrate such factors as much as possible.

2.6.3 Transparency and Coherence

The clarity of the account of the research is what is referred to by these criteria. Transparency is ensured by a detailed description of participant recruitment, the interview procedure and analytic process. Yardley (2000) proposes that this should incorporate consideration of the influence of the researcher's assumptions, intentions and actions upon the findings of the research. This was attained through the use of a reflexive diary identifying and documenting personal perceptions and experiences. Additionally, throughout the research, regular debriefing took place between both the researcher and the therapy group co-facilitator and both clinical and academic supervision was sought.

Coherence relates to the quality of the arguments constructed from the research findings. This should be a convincing account of the data, presented logically and lucidly. A peer and academic supervisor were enlisted to read through the transcripts to verify that the themes accurately represented the narratives and verbatim extracts were used to validate and uphold the claims being formed.

2.6.4 Impact and Importance

Applicable to all research, these criteria concern the impact and utility of a piece of research. The current study is considered worthy in terms of its potential to complement previous quantitative research conducted on the therapy group. By revealing processes which could explain the effects acknowledged by quantitative designs, the present research offers a unique perspective and alternative way of understanding the topic. Hogan and Greene (2005) highlight that research in which children are the objects, as opposed to the subjects of research, is significantly limited by its failure to recognise children as individuals. Regarding children as more than insignificant variables, qualitative approaches are challenging strictly quantitative research strategies for understanding psychological phenomena. Such approaches are also consistent with the public prominence ascribed to children's rights. This study assigned precedence to garnering children's perspectives and interpretations rather than having these subsumed by the researcher's own priorities and agenda.

Moreover, there is also the prospective contribution to future service provision for this client group, currently a focus within psychological services. In particular, enlisting service user views and perspectives in the aid of service development is a predominant impetus within current NHS agendas (Wolpert et al, 2001).

2.7 Ethical Issues

Prior to embarking on the research, ethical approval was sought from the local ethics committee. Research and development management approval was subsequently obtained from the local health board (see Appendix VII).

Despite the aforementioned scientific, moral and political reasons for researching children's experiences, such an enterprise is replete with difficulties. Many of these are ethical in nature and "*it is the responsibility of the researcher to be aware and responsive to these*" (Greene & Hill, 2005; p.18). Principles underlying an ethical approach to research centre on dignity, anonymity, fair treatment and protection.

Ethical issues pertaining to the children's and carers' participation in the research were fully considered in addition to those in relation to the researcher.

2.7.1 Child Participants

Research undertaken with children is confronted with the challenge of listening to them in ways that accurately represent their views and experiences (Porcellato *et al.* 2002). As a result of an increase in qualitative methodologies with children, some complex ethical issues have come to the fore. The main ethical concern undoubtedly relates to the inherent power imbalance that exists between adults and children.

The adult-child relationship harbours a cultural and communicative divide which can create difficulties with regard to issues of consent and choice. Not used to being asked their views or perceiving that these are often disregarded by adults, children may not feel confident in expressing their opinion. Additionally, the difference in status between children and adults may inhibit their willingness to act on their right to withdraw. To be ethically stringent, Hill (2005) recommends that obtaining consent and reminding children of their rights should be a continuous process and not a single occurrence. Children were reminded of their right to withdraw, and reassured that such action will not result in any consequence, at several points prior to the focus group and were provided with explicit opportunities to terminate the interview when the group was running. Recognising that children's cognitive capacities may have made it difficult for them to fully appreciate the implications of participation and what this would entail (Mishna *et al.* 2004) further accentuates the need to do this.

To circumvent some of the potential complications arising from the different status of the children and the researcher, it was seen as advantageous for the researcher to "give up" some of her power. Incorporating puppets into the individual and group interviews aimed to lessen the inequality in power and status to some extent. It was anticipated that the differential would be further reduced within a focus group where views were elicited and exchanged peer to peer rather than adult to child. This also

diffused attention from individual children and allowed them to choose their level of involvement and disclosure. Nonetheless, the researcher was aware that the power imbalance could never be fully redressed and the impact of this was held in mind. Children's experiences were filtered through the dialogue (verbal and non-verbal) with the researcher and this was fully acknowledged within the chosen method of analysis. It also seems important however to validate the caring and supportive context engendered by adult-child relationships. Given children's right and need to occupy a subordinate and dependent role, the inherent disparity should also be considered a desirable feature of the research process.

Researching children is often viewed as requiring different considerations and techniques compared to researching adults on the basis of differences in competence, power and vulnerability. This bears upon complex sociological arguments, explicated by Hill (2005), which criticise drawing any distinctions between adults and children. For example, it is contested that to adopt a child-centred approach is to demean and devalue children. Nonetheless, it was felt important in the present study to use methods sensitive to the children's level of understanding, prior experience, preferred means of communication and interests. A balance was sought between using developmentally appropriate techniques and not underestimating children's competencies.

A further ethical concern confronted in the present study was in terms of the children's individual contributions. As would be expected, some children were more vocal than others and the reticence of some had to be evaluated as to whether it resulted from the group dynamics, was an expression of their wish not to be involved or was an aspect of their personality. This is complicated terrain and there is little consensus in the literature regarding the best way to proceed. In the present study, it was addressed by attempting to facilitate communication in order to provide all the children with the same opportunities to contribute. Preserving the participants right not to contribute however, the researcher was careful to avoid creating additional pressures.

2.7.2 Adult Participants

In light of the multiple demands often faced by foster and adoptive families, measures were taken to ensure that participating in the research was not experienced as a further pressure or obligation. Decisions regarding when and where to hold the focus group were made by the carers to ensure this was convenient for all of them. Refreshments were available throughout the interview. It was highlighted that participation was optional and it was emphasised that non-participation would not preclude children from participating in the therapy group or from accessing other treatment options.

2.7.3 The Researcher

Supervision arrangements were in place to ensure that any potential adverse effects of carrying out the research could be addressed, such as the impact of listening to details of children's backgrounds. Opportunities were available to discuss both the emotional and practical demands of conducting the research.

3. Analysis and Initial Discussion

3.1 Participant Background Information

All the children were in care due to experiences of physical and emotional abuse and neglect which had rendered their biological families unable to effectively care for them. Details of their backgrounds are not provided in order to ensure confidentiality and protect anonymity.

3.2 Levels of attendance

Overall attendance levels for the eighteen week group were consistently very high. The carers exhibited a high degree of commitment with no unexplained non-attendances. One child and his carer attended for only three sessions at the beginning of the group before dropping out due to transport difficulties. They were therefore not included in the research.

Table 1: Table of attendance rates to therapy group

Participant	Attendance Rate (%)
David	100
Natalie (adoptive mother)	100
Laura	94
Shona (foster carer)	94
Sarah	94
Linda (foster carer)	94
Callum	100
Viv (foster carer)	100
Christopher	88
Jane (foster carer)	88

3.3 Levels of participation

As with all group situations, distinct patterns of group interaction and differing levels of contribution were apparent. In the children's group, Laura, Sarah and, to a lesser extent, David, were the most vocal and commanding of the discussion. Laura in particular was a dominant group member which at times seemed to inhibit others. Nonetheless, when invited to do so, all the group members were able to share their experiences. Discrepancies in individual contribution may be a factor of age with the older children having had more opportunities to experience group formats. However groups evoke a wide range of dynamics with a concomitant array of factors affecting individual input and involvement. For example, although Callum was also one of the older children, he struggled to have his voice heard amidst louder group members and was not actively involved in group discussion.

Interesting differences emerged between the children's levels of contribution between the group and individual settings. In most cases the focus group seemed to facilitate children's ability to contribute their views and experiences. Highlighting the significance of context in research with children, this incongruity is reflected upon in the following Reflections section. It illustrates the inherent complexities of accessing children's experiences and encroaches upon arguments regarding effective ways of engaging with children.

Although all the carers were involved in group discussion and appeared able to construct their own narratives, varying levels of input were also observed within their focus group. Jane was the most expansive and provided detailed personal experience. While this could have deterred others from having the opportunity to contribute, her storytelling and use of humour also seemed to have the effect of "breaking the ice" and increasing the candour of other participants. Other members occupied different positions in terms of facilitating social interaction. For example, Viv was instrumental in encouraging group discussion by asking others for their opinions. This could be related to a need for validation from others who have had similar

experiences, an issue discussed further in the following section. Shona was the most reserved and often had to be invited to share her views, although when she did, she was able to introduce conflicting as well as concordant themes suggesting that she was able to “tell her story.”

3.4 Results

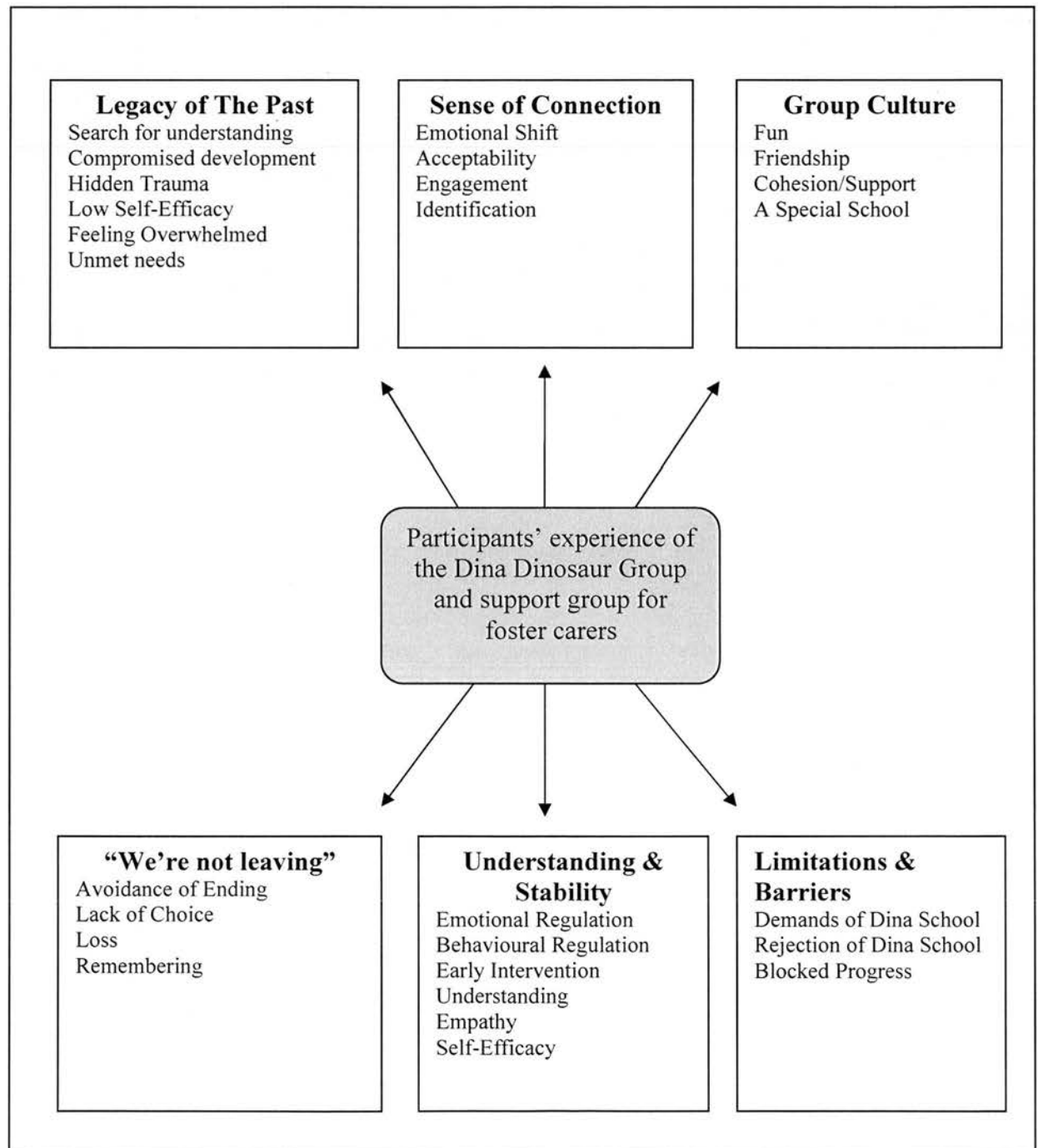
Six super-ordinate themes emerged during the analysis of the interview transcripts. Displayed diagrammatically in Figure 1, these were ‘legacy of the past’, ‘sense of connection’, ‘group culture’, ‘understanding and stability’, ‘we’re not leaving’, and ‘limitations and barriers’. Each super-ordinate theme is presented together with the sub-ordinate themes it assimilates. Themes presented in the top half of the diagram relate to the context of the group and its evolution while themes corresponding to the establishment of the group and sequelae are shown in the bottom half.

The following section extends the themes into a narrative account of the meanings inherent in the participants’ experiences. Super and sub-ordinate themes are initially corroborated with illustrative quotes, chosen on the basis that they best represent the themes. Extracts preserve participants’ own words and language, including regional dialect and colloquial speech, and are consistent with transcription conventions outlined by Wilkinson (2003). Throughout the quotations, ellipsis points (...) indicate when the speaker trailed off or there was a pause in the discourse. Empty square brackets highlights omitted material which was considered irrelevant or too lengthy to include while filled square brackets specifies non-verbal behaviour and sounds difficult to transcribe.

Following a detailed summary of the sub-themes, each section ends with a commentary on the super-ordinate theme. This aims to link the analysis to the extant literature, reflect upon the implications of the findings and introduce further relevant literature. In this way, the results and subsequent discussion are combined, consistent with the presentation format described by Smith and Osborne (2003). Finally, a

consideration of the inter-relationships between themes is discussed and represented in Figure 2.

Figure 1: Super-ordinate and sub-themes identified from looked-after children and foster carers' narratives



3.4.1 *Legacy of the Past*

Emerging solely within the carers' transcripts, descriptions of daily life caring for a looked-after child and the influence of their backgrounds were prevalent. Whilst this is not directly related to the experience of the group, it was considered important to include this evocative material in the analysis given the rich context it provides for understanding the impact of the intervention. It locates the therapy group in the wider social context of foster children and is therefore intrinsic to the consideration of its utility. Although carers were not asked about their day to day experiences, the super-ordinate theme "legacy of the past" was richly represented within their narratives and captures not only the needs and struggles of foster children but also of foster carers. This information is particularly valuable given the recognised lack of data on experiences of foster parenting (Heller *et al.* 2002).

3.4.1.1 *Search for Understanding*

A need to make sense of and understand the current situation was expressed by many of the participants. In response to their unique situation, searching for understanding seemed to be a process engaged in by both carers and the children. For the children, this was in relation to the separation from their biological family while carers attempted to understand the behaviour of their foster child:

Linda (carer): "the things that's keeping Sarah unbalanced is the fact that she's actually asking questions and wanting to know things....I think as I say that's part of Sarah's problem she doesn't understand why"

Jane (carer): "trying to deal with you know why am I in care, why am I with you and no Mummy, whys Daddy in France. Why's he no coming back and why are you my Mummy when you're no really supposed to be my Mummy?"

Viv (carer): "I've had it up to here. I mean why, why is this happening?"

Harbouring many questions, carers and children appeared to be in a state of confusion and uncertainty. Some carers highlighted that trying to make sense of the behaviour of their foster children provoked attributions of blame. For one participant, this was directed at herself:

Jane: "I was like, why is it me? I just couldn't understand. But it does kind of get...I was like why what am I doing?"

Another participant however seemed to hold the child accountable:

Viv: "like when he used to lash out at me. And I'm expecting maybe well why did you lash out? I think you would get answers."

The prominence of asking why in the above excerpts suggests Viv and Jane's striving for clarity. It perhaps also conveys how important they perceive reaching an understanding to be.

3.4.1.2 Compromised Development

Some participants discussed their children's apparent failure to meet developmental expectations, particularly with regard to emotional functioning. Carers expressed an awareness of the divergence between their foster children's chronological and developmental age.

Viv: "I never know if he is sad happy whatever cos his face is just [gestures to her blank face] that all the time and he will just not show his expressions although the wee boy, his wee brother, now can do all this."

Natalie (carer): "and he's really struggling to and he can't, he can't get to where he's meant to be at five years and what society expects him to do."

Referring to "society", Natalie speaks in global terms. Nonetheless, this perhaps provides an insight into her own feelings whereby she has had to re-evaluate and adjust her own expectations.

3.4.1.4 Hidden Trauma

In addition to the discrepancy between children's age and level of functioning, incongruity between their behaviour with foster carers and with others was described. In this sense, the extent and nature of what the carers were dealing with was felt to be hidden from others. This incited a complex array of feelings in the carers, captured in the following narrative extracts:

Jane: "they're like oh he's wonderful, he's lovely, he's fantastic. And I thought what if folk think I'm making it up?"

Viv: "he's got this smile on his face and I'm just behind him and I've had a weekend and a bit....Like this this today for instance, he hasn't spoken to me since Saturday morning and all I've had is the dirty looks. You know instead of coming in all smiles and like 'oh look at me I'm the blue-eyed innocent boy here' and I've had it up to here at the weekend."

The apparent deceptive appearance of their children compounds the struggle to understand and increases frustration. Feelings of self-doubt, rejection and of being targeted are all evident in the above excerpts which evoke a strong sense that providing foster care can be an isolating experience. As indicated by Viv, it seems that this can also be associated with negative attributions of children's behaviour and underlying motives.

For some participants, feelings of persecution were even stronger:

Jane: "it's really hard sometimes cos I feel violated I feel extremely you know abused by him"

Shona (carer): "I know I know. Thats what it feels like"

Interestingly, the use of the word "violated" has connotations of being invaded or polluted in some way illustrating that an abusive history is encroaching upon the present. One way of understanding this is that it represents a form of unconscious communication, with the foster carer functioning as a vehicle for the child to discharge his own negative feelings about his past.

3.4.1.5 Low Self-Efficacy

Concordant with Bandura's (1989) description of self-efficacy as the belief in one's ability to cope effectively with specific tasks or challenges, some of the participants reflected upon their ability to manage the demands of the foster care-giving role. Uncertainty was voiced regarding their own abilities:

Linda: "you know we're no psychologists. We just go by our instincts and that and sometimes we can be wrong what we're doing eh"

Jane: “ I certainly feel that em I’ve not probably experienced or you know got a certificate to deal with”

These quotes articulate a perceived lack of expertise in which their instincts and skills are disregarded. A belief in there being a distinct “right” or “wrong” is also intimated. Such self-perceptions, in which one’s knowledge and skills are undervalued, undermine confidence and appear to be disempowering for the foster carers.

3.4.1.6 Feeling Overwhelmed

Many aspects of fostering contributed to carers feeling overwhelmed. For example, the context of the foster child’s situation seemed almost impossible to comprehend:

Jane: “it’s very very unfortunate that between genetics, his early life experiences, being shunted from his own house to you know wherever, he’s just....it’s just....”

The magnitude of her foster child’s experiences seems to overpower, almost immobilise, Jane and the stuttering at the end of her sentence implies a feeling of hopelessness and also helplessness. For others, a sense of being overwhelmed was present in relation to their own experiences:

Natalie: “I think that it to get to this stage most of us have been through quite a while of ...[laughter and agreement]”

Jane: “I’m trying to think now this is why this is happening all the while thinking [scream] and deal with my own emotions cos he’s basically kicked the ass oot ‘o me and you’re kind of going.....”

Shona: “I know”

This sub-theme is perhaps best conveyed not in the content of verbalisations, but rather in instances in which participants were “lost for words.” There were occasions throughout the narratives in which all but one of the carers appeared unable to locate the right words and relied instead upon noises, silence, laughter or trailing off their sentences. Despite the lack of words, a high level of agreement was evident among participants indicating perhaps a mutual understanding in which words are

superfluous. The nature of their experiences could be such that words can't do it justice.

The focus group however may represent foster carers' first opportunity to discuss such matters. Lacking the means to adequately express themselves may therefore signify that the issues are not yet fully formulated in their minds. An alternative to this is that it is used to avoid speaking about the emotional impact of their situation. By not verbalising their feelings, participants can distance themselves from their experience (or that of the child's) and the difficult feelings it engenders. Thus, it functions as a self-protective coping strategy. Corroborating this possibility, one participant stated:

Viv: "I'm not going to say it's awful cos I'm not going down that road"

3.4.1.7 Unmet Needs

Overall, carers' descriptions of daily life with a looked-after child conveyed a high level of need. Concurrently, it was expressed that this was felt to be largely unrecognised by support agencies and therefore remains unaddressed.

Participants identified that this neglect extends to both the children:

Linda: "she (social worker) doesn't know how to discuss why she's in care or what for"

Jane: "they (social work) let these children down so badly."

and also foster carers:

Viv: "I mean you've virtually got to say I'm not doing it anymore"

Jane: "thats right"

Viv: "before you get any help"

Jane: "And then you're penalised for it and you've your own guilt to deal with"

Not only does this suggest that carers have to reach breaking-point prior to receiving support, it also highlights the perception that the expression of need results in some form of retribution and concomitant feelings of guilt and possible shame.

Understandably such negative consequences encourage the concealment of needs:

Viv: "We have support groups in the social work department but to be honest, you don't talk"

Linda: "no you don't talk"

Jane: "no matter what anybody says you're being assessed all the time and that's when you clam up."

Jane's comment portrays the quandary of the fostering role. That is, carers' capacity to meet their foster child's needs is under constant scrutiny whilst they are simultaneously in a high state of need themselves. For some of the participants, this conflict leads to inhibition. Conducive to a self-perpetuating cycle, concealing needs increases the likelihood that they remain unrecognised and unmet. Additionally, feelings of guilt, being judged and fear concerning reprisal support the idea of having to cope alone. It is clear how this would reinforce the sense of a "hidden trauma" and increase the likelihood of self-blame when difficulties are encountered. Research identifies the looked-after population as a marginalised group. From the carer's narratives, it seems that they also risk confronting this predicament.

3.4.1.8 Reflections on "Legacy of the Past"

The theme "legacy of the past" encompassed descriptions of foster carers' experiences, detailing the emotional and practical demands of their role and the unique challenges that both they, and the children they care for, face. There is a striking degree of correlation between the foster carers' accounts and current literature on foster family dynamics. Feeling overwhelmed, judged, undereducated regarding their role and disempowered is consistent with multiple studies documenting the difficulties of caring for children with extensive emotional and behavioural difficulties (for example, Brown & Campbell, 2007; Heller *et al.* 2002; Pacifici *et al.* 2006).

Research highlights that challenges within foster care can take many forms culminating in potentially fragile and vulnerable placements. For example, echoing the participants' experiences, Heller *et al.* (2002) found that foster parents are often poorly supported and contend with complex behavioural problems, ambiguity in their role and rarely request help. Delineating prospective barriers to addressing the difficulties inherent in foster placement, these are located at both the system and family level. Again there is a high degree of resonance with participants' depictions in which they discussed both external and internal pressures. Heller *et al.* (2002) similarly observed the conflict in which carers often feel overwhelmed and in need of help but fear appearing incompetent. Interestingly, they describe that stoicism is used as a defence against this anxiety in which carers strive to appear capable and infallible. This will in turn veil feelings of "low self-efficacy" and contribute to "unmet needs."

The authors distinguish additional conflicts which did not emerge within the narratives although they may well be operative and further elucidate the emergent themes. For example, it is suggested that external conceptions regarding fostering may create an additional pressure for foster carers. Lacking status and often undervalued, parenting is construed as not requiring specialist skills or training. Thus, support and understanding from others may not be forthcoming, leading to a sense of isolation (Heller *et al.* 2002). Participants' perception that needs are not recognised may therefore have some basis in reality. This pressure may also be internally generated as foster carers will often have had previous successful experiences of parenting and may struggle to reconcile these contradictory experiences. The sub-theme "search for understanding" may illustrate this struggle and demonstrates a lack of compassion towards themselves and their foster charges. Indeed, Orme *et al.* (2004) reported that a quarter of foster carers in their sample experienced significant difficulties providing empathy. It is recognised that many factors of foster care conspire to create a sense of uncertainty and instability and that the challenges confronted by carers confer a vulnerability to feeling different and segregated (Pacifi *et al.* 2006). All sub-themes from the participants' narratives are infused with these feelings.

A dominant dynamic in foster care placements, encapsulated by the super-ordinate theme “legacy of the past”, is the repetition of earlier relational experiences. Despite some foster carers’ expectations that a move into more favourable environments will in itself induce successful adaptation (Brown & Campbell, 2007), Golding and Picken (2004) state that previous adversity continues to exert a powerful influence. This is attributed to the child bringing forth maladaptive internal working models. Interactions originating from dyadic experiences increasingly become a within-child phenomenon and durable individual traits (O’Connor & Zeanah, 2000). Not only does this affect their behaviour, it can also influence new carers and their care-giving behaviour. Maltreated children often do not elicit sensitive and responsive care-giving as they behave in ways which alienate their carers (Howe, 2006; Ackerman & Dozier, 2005). This is consistent with the sub-theme “hidden trauma” which revealed participants’ feelings of rejection, persecution and difficulties connecting with their defensive foster children. If carers respond in a complementary manner, that is by being rejecting or punitive, a child’s working models are reinforced and a self-perpetuating cycle created. Many theorists (for example, Dozier *et al.* 2002) contend that this process is instrumental in creating many of the difficulties present in foster placements. Sub-themes encompassed by “legacy of the past” may therefore be seen as correlates of this core dynamic as carers inherit and confront the sequelae of their foster child’s history.

Foster care is prescribed as a safe haven facilitating children’s social and emotional adjustment (Orme *et al.* 2004). Nonetheless, “legacy of the past” reveals that there are significant obstacles to fulfilling this premise and highlights factors which may contribute to foster placements potentially possessing high risk.

3.4.2 Sense of Connection

The super-ordinate theme, “Sense of Connection”, encompassed participants’ initial impressions of the therapy group and how these evolved as therapy progressed. It primarily details the ways in which children and carers experienced a sense of

connection with each other and specific aspects of the therapeutic intervention.

Several factors appeared to shape this experience, outlined by the following four sub-themes.

3.4.2.1 Emotional Shift

Most of the children, in both the individual interviews and focus group, discussed that their feelings regarding the group changed as this progressed. Feelings of anxiety prior to attending the therapy group were described. For some, this concerned uncertainty about what participation would entail:

David: "cos you were nervous cos you never ever knew what it was going to be like"

Other children expressed strong feelings of social anxiety in which thoughts and expectations of other participants were prominent:

Sarah: "she'll feel as though she really won't want to go to Dina School because she'll be a bit nervous and she won't know anyone"

Laura: "you might be nervous in case because there might be like nasty people here and you might be embarrassed"

As the group progressed however, children's initial apprehension lessened and their reluctance for the group to terminate became apparent. A few children clearly articulated that the beginning and end of the group evoked similar feelings of disinclination suggesting that their perception of the group had significantly shifted:

Laura: "they ones don't want to come in and they ones don't want to leave. These ones don't want to go like us [leave Dina School]. Like if people don't want to come in this way and they don't want to leave."

Sarah: "well they're happy and nervous [indicating picture of children entering] but they're upset and don't want to go [children leaving Dina School]"

Such a change in feelings was also characteristic of some of the carer's experience:

Jane: "I kind of dreaded the length of time to be honest because it was soooooo long and then I kind of went the flip way and I really really enjoyed it"

The occurrence of an emotional shift, in which initial reluctance to enter the therapy group gave way to reluctance to depart, suggests there was investment in the group and the following sub-themes aim to illuminate possible processes underlying this.

3.4.2.2 Acceptability

Many of the narratives endorsed the acceptability of the group. For children, this was signified by a positive first impression and a sense that they were comfortable in the setting:

Laura: "I think I'm going to like it here like I was thinking. I'm going to like it here"

David: "they probably liked Dina School"

Carers perceived that the group was relevant to the difficulties experienced by their children. Following initial relief at the recognition of needs,

Natalie: "it was just kinda yes there is going to be some help. At last"

most of the carers identified that the group was suitable for looked-after and accommodated children and felt as though it held the potential to encourage stability and adjustment.

Linda: "I says to my link worker, I says it would be a great thing for all kids thats in care"

Jane: "when they first come into a placement or whatever if they had something like this to feed into, it might give them a better understanding."

Viv: "If they came earlier on, early on just when they came in, I think Callum and his tempers could have been dealt with then. They would be in long-term care by now."

3.4.2.3 Engagement

Children's degree of engagement with the puppets and the relationship developed with them emerged as a central constituent of the super-ordinate theme "sense of connection." The use of puppets during data collection was an integral part of the research process and enabled their role within the therapy group to be explored. This was captured in many ways including responsiveness to and instances of spontaneous dialogue with the puppets, the nature of their interactions and the enthusiasm and level of interest induced by the puppets. For example, the following excerpt illustrates the ease with which children conversed with the puppets:

Molly(puppet): "Would anyone tell someone to come here?"
David: "I would like to ask one girl to come. Would you like that?"
Molly: "Yes I would like her to come"
David: "Do you know what her name is? It's Carly"

Children appeared invested in the fictional characters and regarded them as an important presence within Dina School. Puppets were accepted and referred to as "real" entities possessing thoughts and feelings and leading distinct lives out with the therapy setting.

Laura [awarding Dina a best helper badge]: "because it's her school and thats why its called Dina school and she helps everyone. Where is Dina today?....Make sure they go to Dina"

Sarah [to Christopher grabbing Molly's hands]: "you're hurting Molly's feelings"

Sarah: "who's Molly and Wally's Mum?"

One girl alluded to the significance of the make-believe characters for her:

Sarah: "he might just be dreaming about Dina and em Wally and Molly and Tiny Turtle. He might be dreaming about them all and that"

This is suggestive of the relationship established with the puppets and the possibility that some aspects of this were internalised. Despite the rapport and the nature of

interactions with the puppets, some of the children expressed an awareness of the pretence involved. Both younger and older children at some points questioned the distinction between reality and fiction:

Sarah: "Did he actually really really come here?"

Molly (puppet): "Me. Why was I your favourite?"

David: "cos you look nice."

Molly: "oh thank you"

David: "who's gonna do her hands?"

In this last extract, David flits between interacting with the Molly puppet as an actual person and acknowledging her status as a make-believe character. However children's awareness of this distinction did not seem to impede their ability or willingness to believe and enter into a fantasy world. Puppets appeared to hold high appeal and served as fertile material for capturing their interest and imagination.

3.4.2.4 Identification

Identifying with the puppets, and each other, was felt to be an important aspect of the children's sense of connection and degree of engagement in the group. This was mainly described by the older children. Similarities were observed by one of the younger children, although this was confined to recognising that he lived within the same geographical location as the puppets. Conversely, the older children reflected upon aspects of their experience and functioning that were akin to other group members and also the puppet characters:

Sarah: "well she [Dina] did a lot of the things that I done."

I: "Did she? Like what?"

Sarah: "Well her Mum sent her to Dina School cos em she wasn't very good at home. That was one of the things that I done."

Molly (puppet): "I didn't know why I had to go to Dina school"

Laura: "to help your behaviour and stuff"

Molly: "does that mean I have problems with my behaviour?"

Laura [nodding]: "Like we have Molly" [gesturing round group]

One participant commented that they also shared the experience of parental rejection:

I: "I don't think they live with their Mum just like you and the other children in the group"
Sarah: "yeah like their Mum could get really angry with them and not want them"

Represented within other subsequent themes, identification appeared to serve a number of different functions. For example, it facilitated an understanding regarding why they had been referred and also contributed to a sense of group identity. The idea that children discerned ways in which they were similar to each other suggests that they actively engaged in a process of meaning making. Given that children rarely instigate help-seeking, this process may be a corollary of the fact that therapy is often sought by caregivers. Rather than being passive recipients of this care, children's verbalisations imply that they attend to and extract several sources of information to construct an understanding of the therapy situation.

Carers also conveyed connecting with each other through their similar experiences and being able to identify with each other's stories.

Viv: "the fact that you were speaking to people who had children exactly the same which I thought was impossible. That....that alone was a help."

Natalie: "I'd never seen a child like him before. I'd never seen it and for somebody else to sit and say that's just like mine, it's like there can't be two."

Shona: "you know whatever I've said has happened you know Sarah has done that"

Jane: "cos I get quite ashamed when people come into my house. I'm really embarrassed about the wear and tear the children have got it in but knowing the state somebody else's bathroom is, covered in toothpaste as well, I thought it does just happen. It's not just mine. But I think we really needed this time just to offload you know and just to speak to other people in the same situation makes such a difference to how you're feeling about it all."

3.4.2.5 Reflections on “Sense of Connection”

The super-ordinate theme detailing participants’ “sense of connection” incorporated many salient aspects of their experience and emerged as a significant part of the group process. A sense of connection penetrated many aspects of the group and was related to other group members, the setting and the materials used. It is hypothesised that a developing sense of connection facilitated the emotional shift which occurred as the group progressed whereby anxious expectations were modified.

The start of Dina school was referred to by all children as the most challenging aspect, largely due to the anticipated social and interpersonal demands. Feelings of social anxiety were dominant and there was a sense that children felt ill-equipped to deal with these demands. While it is expected that novel situations will generate feelings of anxiety, it is likely that such feelings are particularly acute for looked-after children. As discussed in the introduction, they are at risk of experiencing difficulties within the psychosocial domain and previous peer experiences may contribute to negative interpersonal expectations of the therapy group. This could function as a barrier to treatment participation; nonetheless anxiety appeared to dissipate as the group progressed. Possibly facilitated by relating to both the other children and the puppets, a process of social comparison may have helped to generate a non-judgemental atmosphere and create enhanced feelings of acceptability and inclusion.

Identification was also an influential part of the carers’ experience. Being able to relate to others who were dealing with similar issues was regarded as particularly beneficial and reduced feelings of isolation. In their study into the provision of support for foster carers, Pacifici *et al.* (2006) found that isolating factors actually served to bond the carers as a group. The provision of opportunities to affirm that experiences are within the “normal” range is recognised as important (Golding & Picken, 2004) and from the extracts it is apparent that this also possesses the potential to challenge some of the attributions for the experienced difficulties. Both children and carers’ experiences suggest that group connection cultivated a shared identity. Associated with an implicit shared understanding, this could provide

participants with a type of support and recognition that is hard to generate by therapist interaction alone. A sense of being understood emerged as a vital factor in a study by Day *et al.* (2006) exploring children's experience of mental health care and was found to assist the helping process.

Children and carers' accounts suggest that they found the group acceptable. Critical for determining adherence and motivation, Kazdin (2000) states that treatment acceptability is a dynamic property partly determined by how treatment is presented and delivered. The puppets formed a primary vehicle for the presentation and delivery of the group content and appeared to secure children's interest and engagement. Given their prior experiences which one could hypothesise as discouraging connection, this is an encouraging finding. A high rate of insecure attachments in looked-after children signifies damaged constructs of trust and is associated with a reluctance to engage with others, particularly adults (Golding *et al.* 2006). Therefore, issues of how to relate and interact with children are particularly significant for this population. As puppets promote a peer-like exchange (Measelle *et al.* 1998), this may have functioned to put children at ease compared to therapist interaction alone, thus disarming feelings of anxiety and vulnerability typically provoked in interpersonal encounters. Methods that can transcend the complex relational dynamics and mistrust that characterise looked-after children allow them access to compensatory experiences they would otherwise be too defended against (Golding *et al.* 2006; Howe, 2003).

Despite the central role of the puppet characters within the Dina School treatment program, there is no research into their effectiveness. The children's narratives indicated an appeal which was maintained in spite of their awareness of the pretence involved. As demonstrated by the data, children readily oscillated between fantasy and reality. Children's ability to discriminate between make-believe and reality has been the focus of much research and some studies suggest that maltreated children evidence impairments in fantasy play. For example, Valentino *et al.* (2006) found that maltreated children engaged more in imitative play and were restricted in imaginative responding. Nonetheless, from children's responses documented in the

current study, their engagement in imaginative activities appears consistent with that of children from the normal population. Numerous studies propose that, from toddlerhood, children can appreciate the boundary between fantasy and reality (Flavell *et al.* 1987; Rakoczy *et al.* 2004; Sharon & Woolley, 2004). Thus, as observed in this study, they are able to deliberately shift their attention from absorption in fantasy to contradictory environmental cues and back again. The experiences of the children in the current study did not seem to impinge upon their receptiveness to the fictional characters.

Interestingly, Carrick and Quas (2006) contend that children's engagement in fantasy play is unrelated to their ability to discern fantasy and reality. Rather, they propose a central role for emotional and motivational processes whereby children's desire for positive and appealing events to occur (which engender positive feelings) is more prominent than their actual knowledge or incongruous prior experiences. Such processes may be especially pertinent within the looked-after population in that a predominance of negative experiences could serve to strengthen such desires. The power and appeal of puppets as an intervention tool therefore seems to span the continuum of risk and the experiences of high risk children may actually enhance their willingness to engage in make-believe play.

3.4.3 Group Culture

Consistent with prior research (for example, Day *et al.* 2006; Roose & John, 2003), the previous theme and the sub-themes encompassed within "Group Culture" suggest that the children could comment on group processes. This theme considered the dynamic aspects of the group, children's experience of being a group member and how it operated as a collective.

3.4.3.1 Fun

All the children alluded to the group being primarily an enjoyable experience. In summing up Dina School, one girl expressed:

Laura: "It's cool, funky and fun"

A sense of the group being child-friendly emerged as participants attributed their enjoyment to the emphasis on play and activity. For example:

Sarah: "they have to leave Dina School and they might not want to"

I: "Why might they not want to leave Dina School?"

Sarah: "cos they really thought it was fun for them and they got to do a lot of activities and that"

David: "they probably liked Dina School"

I: "what do you think they liked about it?"

David: "playing"

Christopher: "gets to have parties here"

3.4.3.2 Friendship

Friendship was a recurring theme throughout the narratives in both the individual and group interviews. This aspect of the group was credited as an integral ingredient and many of the children's comments verified the centrality of the relational aspect of the group.

Laura: "If you come to Dina school you make lots of friends"

I: (picture of child asleep and dreaming) "What do you think he is remembering about Dina School?"

Sarah: "his friends"

Laura: "why don't we do a friendship boat one day?"

Laura's suggestion extends the idea of a group identity which emerged in the previous theme. Creating a friendship boat implies that the children are all "in the same boat" and fosters a sense of being in unity. There was very much a feeling that the experience of the group was not an individual experience but a shared one.

All the children, apart from one, formed a particularly close friendship with one other group member which, as the group progressed, extended beyond the therapy setting.

Sarah: "I'm going to email Laura. I'm going to keep in touch"

Laura: "We will keep in touch cos our carers know each now and I go over to her house"

Sarah: "Yeah she might be able to come over to my house"

Christopher: "(David's) my best friend.....he helps me and he played wi me."

This was particularly significant as two participants spoke of their lack of friendships and described themselves as being relatively socially isolated. For example, Laura stated:

Laura: "I don't have any friends [] My school's a far away school."

The provision and experience of developing relationships was uppermost in the children's accounts of the group.

3.4.3.3 Cohesion/Support

Concomitant to the emergence of a group identity and the relationships formed between the children, group cohesion was evident and this appeared to be a source of support. Powerfully communicating the idea that "we stand together", the mimicking of each other's verbal and non-verbal language in the following extract demonstrates solidarity amongst group members:

Sarah: [crossing arms and sitting upright] "I'm not leaving"

Laura: [copying body language] "I'm not leaving"

Sarah: "I'm staying"

David: "I'm not leaving"

Further exemplifying this were instances in which children responded to personal questions with the collective terms "us" and "we". A supportive atmosphere was also reflected in participants' descriptions of working together and helping each other and

seemed to maintain Laura's analogy of all being in the same boat. Additionally, support was perceived to be forthcoming from the facilitators who were regarded as benign and helpful.

I: (role play) "I'm going to Dina School. Can you tell me about it. Should I be worried?"

David: "nah"

I: "No? Why shouldn't I be worried?"

David: "cos it's not well the teachers are nice"

Sarah: "People helping them and that and people showing them how to do em lots of nice things and all that."

I: "He's having a dream about Dina School so I'm wondering what he might be dreaming about?"

David: "He's dreaming about em the teachers"

I: "What is he thinking about the teachers?"

Laura: "they're nice"

Support was a prevailing feature within the carers' group which discussed deriving comfort from the validation and understanding provided by the other group members. For some, it seemed that this was an unexpected corollary of the group and not immediately tangible:

Shona: "It has helped in an overall way but specifically I can't really put my finger on why. I think it's more it's me, it's the understanding I've got from everyone here."

Similarly, for others the support endowed by the group was most noticeable when it was absent:

Viv: "I know that that fortnight that they had off everyone came back and was like [aaahhhh] had enough. Just couldn't cope."

I: "so you struggled?"

Jane: "we did struggle and looked forward to coming back"

3.4.3.4 A Special School

A number of comparisons were made between the therapy group and school with children using the latter as a reference point to illustrate and clarify their experience. The group seemed to be understood as a special type of school.

Laura: "Em my little cousin he's always bad and he went to dinosaur school. Well eh not dinosaur school but a special school to help thats on Saturday's and Sunday's and eh what is it when he comes home from that he's good."

Akin to a school environment, an awareness of the group being facilitative and expectations of learning surfaced from the children's dialogue.

Molly: "if you had to persuade them (friends) to come, what would you say?"
Sarah: "Go on it's very very good and its fun. Why don't you try and go. And they would probably say 'but I won't be allowed' and I'll say 'yes you will. It's to help you'"

I: "These children haven't been to Dina School. How might they be feeling?"
David: "They might be feeling quite scared"
I: "Quite scared. What might they be scared about?"
David: "They don't know about the stuff that we're talking about."

Sarah: "your Mum maybe em thought you should you could go to the dinosaur school because em because you would learn more."

Laura: "when they first came to Dina School they might not have known about those things [] about any of the other stuff that we know"

3.4.3.5 Reflections on "Group Culture"

Participants' experiences and perceptions of the group process, documented in this and the previous theme, challenge the view propagated by quantitative studies which tend to minimise the wider implications of participation in treatment (Nelson & Quintana, 2005). As these emerged from the narratives, it became clear that the group was greater than the sum of its parts, an established discovery within the group process literature (for example, Roback, 2000). An important facet in group interventions is that treatment outcome is determined not only by the specific programme of therapy, but is also pivotally influenced by characteristics of the group itself. The Dina Dinosaur therapy programme is conceived of as a specifically designed, robust, evidence and theory-based group intervention (Webster-Stratton & Reid, 2003). What cannot be pre-determined are the dynamic properties of the group, outlined by Roback (2000) as including group cohesion, conformity, social

comparison and structure. Both specific and non-specific factors contributed to the group culture which evolved.

The sub-themes “fun” and “a special school” are explicit features of treatment delivery within Webster-Stratton’s therapy programme. Relying upon developmentally appropriate teaching methods, children are encouraged to participate in fantasy play and various structured activities to practice targeted skills. Most studies of children’s therapy experiences are within the domain of family therapy where play functions to provide children with space from the therapeutic encounter rather than being an intrinsic part of treatment. Interesting discrepancies exist between such studies and the current exploration. Lobatto (2002) for example reported prominent feelings of uncertainty, discomfort and ambiguity in children’s accounts of family therapy. Similarly, children in the study by Day *et al.* (2006) who were in receipt of individual therapy, described feelings of tension, anxiety and of being overwhelmed. In the current study, feelings of anxiety were related to children’s expectations and anticipation of therapy but did not arise in relation to the content of sessions. Rather than distancing children from therapy, the value of fun and activity as a means of actually engaging children in therapy has been increasingly demonstrated (Day *et al.* 2006). Swindells and Stagnitti (2006, p.314) highlight the importance of utilising “*purposeful and meaningful activity*” in therapy which, for children, is play. Children’s accounts provide support for the contention that play should be accredited greater significance within therapeutic encounters with young people (Davies & Wright, 2008).

It is possible that, particularly for looked-after children, the use of play and diverse activities served a dual function. In addition to being experienced as fun and enjoyable, the coalescence of activity and play (and also the group interaction) may have helped to regulate the intensity and intimacy of the therapeutic interaction. Looked-after children’s experiences typically interfere with their ability to enter into a trusting therapeutic alliance (Pearce & Pezzott-Pearce, 2007). The use of developmentally informed techniques may have been experienced as less intrusive and increased feelings of safety, allowing relationships to develop at a pace that was

comfortable. It is only when children feel safe that they can begin to access and integrate new information and experiences (Howe, 2006). This may help to explain children's experience of both facilitators and peers, and also the overall programme structure, as helpful and supportive. Such attributions contradict research attesting to looked-after children's difficulties in perceiving social support as positive and benevolent (Howe, 2006; Parker *et al.* 1992). Positive therapeutic relationships are however essential for successful treatment of maltreated children (Eltz *et al.* 1995). Resonating with participants' accounts, Horvath and Luborsky (1993) state that these transpire when the therapeutic environment is experienced as helpful and supportive and provides a sense of working together.

Indeed, interpersonal qualities and processes emerged as key themes of the group culture. While interpersonal skills and the provision of successful social experiences are principal targets within Dina School, the nature of relationships and group cohesion are less explicit. Undermined by socio-emotional difficulties and also multiple moves and transient placements, friendships of looked-after children are variably depicted as fragile, poor or non-existent (Dodge *et al.* 1994, Kaufmann & Cicchetti, 1989). Yet the sub-themes "friendship" and "support/cohesion" suggest that positive and supportive peer relationships were fostered. In the context of potentially endangered interpersonal relationships, this is a significant finding. For children whose difficulties are primarily relational in nature, a group intervention offering opportunities for relationship building and restorative experiences appears a useful modality.

3.4.4 "We're not leaving"

Children's narratives revealed that thoughts and concerns regarding leaving the group were present prior to treatment termination. Although only a few direct inquiries were made about the end of the group, discussions around this topic were prevalent throughout the interviews. The anticipation of the group ending incited a complex array of feelings for participants.

3.4.4.1 Avoidance of Ending

A refusal to entertain the possibility of the group ending was demonstrated by four of the participants. At times this avoidance was so emphatic, a sense of defiance was observed within the group:

Sarah: [crossing arms and sitting upright] "I'm not leaving"

Laura: [copying body language] "I'm not leaving"

Sarah: "I'm staying"

David: "I'm not leaving"

Laura: "I'm staying here"

I: "you're not leaving. Why are you not leaving?"

Sarah: "I'm staying"

I: "so everyone is staying?"

David: "I'm staying. I can do all the work. All the cleaning. Cleaning, cleaning all day"

When children were interviewed after the group had ended, some recalled feelings of anger, rebellion and a desire to avoid the ending even when it was inevitable:

I: (reflecting Sarah's feelings) "so this person is feeling as though he is bad? He might be a bit angry that he has had to leave"

Sarah: "Yeah. Yeah"

I: "did you feel angry at leaving Dina School?"

Sarah: "Yeah. I felt like I was just going to stay in the building"

I: "You wanted to just stay in the building"

Sarah: "Yeah"

I: "What do they need help with?"

Christopher: "to get back in (to Dina Club)"

Attempts to deny the ending are construed as efforts to avoid experiencing the difficult and distressing feelings referred to in the following sub-themes. Conversely, one child appeared pre-occupied by the ending and his sole contribution to the focus group was to ask repeated and out-of-phase questions regarding its proximity. This is perhaps indicative of an alternative coping strategy to manage the same feelings.

3.4.4.2 Lack of Choice

Feelings of not being in control and of being powerless were intimated by participants' verbalisations. This seemed to be driven by an awareness that, despite their feelings and protestations, the group was going to terminate.

Sarah: "they have to leave Dina School and they might not want to"

Christopher: "they leave Dina Club and he doesn't want to leave Dina Club"

Christopher: "They're sad [pointing to picture of children leaving Dina School] cos they're not getting to go back in"

Sarah: "I just took a few deep breaths and did what I was told"

The above excerpts convey a sense of resignation and defeat in which the children discuss the experience of having feelings and preferences go unheeded.

3.4.4.3 Loss

Given the prominence ascribed by children to the relational aspects of the group, it was to be expected that the ending would trigger feelings of loss. This sub-theme permeated the focus group and mainly appeared to be related to the loss of significant relationships cultivated in the group.

Laura: "A bit....I don't know how to say it. A bit..a bit worried"

Molly: "Worried. What might he be worried about?"

Laura: "that he might not see his friends or his teachers. Wally, Molly, Tiny. He might miss them [] He might be thinking 'I wonder if I'll get to see them again?'"

Laura: "I don't know if I will see Christopher, Callum or David again"

Sarah: "It's sad [] we maybe we won't meet each other again and we might we might forget about each other."

For one participant, this provoked comparisons with experiences of the care system and being taken away from significant people:

Laura: "[] because they might be important people like's if I got teen away from my Gran forever when I was a little girl then I wouldn't remember them, remember my Gran"

Carers reflected upon the repeating cycle of loss in the lives of their foster children.

Jane: "I mean he's made this attachment with David and I think he's frightened now. It's like where's David going to go? It's another person in his life that's going to disappear"

The anticipated loss of behavioural and social support afforded by the group was discussed by both children and carers:

Laura: "When you've not got Dina School again it might you might start doing your behaviour again or you might be nasty to your Mum or something"

Viv: "The worry is for when the group ends."

Jane: "I feel the eighteen weeks has been long for him but I'm like aaaaahhh only however many weeks to go"

Some children's responses indicated that the ending was generating conflicting responses, perhaps highlighting the operation of defence mechanisms.

David: [shouting] "No I'm glad. I don't like coming here"

Sarah: "Well he might feel that he is very sad cos he had to leave and he just feels that Dina School's not really helped him or anything because he's just like so bad that he just has to leave"

3.4.4.4 Remembering

Feelings of loss and a fear of forgetting formed an acute need to remember. Children actively planned ways to achieve this:

Sarah: "I'm going to write a list about remembering all of you'se"

Laura: "I've put all my prizes in my memory box"

Sarah: "See near the end of Dina School, well I was thinking that you'se could bring in a camera and we could bring in a camera and we could take photos of each of us. It would help us to remember."

Laura: "So if you feel like lonely you could look at them"

David: "What about them (therapists)?"

Laura: "I think you should get too. They'll need to remember too"

Maintaining a sense of connection with each other seemed to underpin children's endeavours to remember. Engaging in such discussions could represent cognitive preparation for coping with the end and denotes the significance of their experience, one which is worthy of remembering. In the context of the discontinuity that characterises the lives of many looked-after children, striving to remember may stem from a fear of being forgotten and a desire to feel significant and worthy. As suggested by Laura's comment, children have a need to be recognised and "held in mind" the experience of which is challenged by the nature of the care system.

3.4.4.5 Reflections on “We’re Not Leaving”

Any ending inevitably implicates issues of separation and loss; issues with which looked-after children are all too familiar. All children in foster care have experienced significant loss. Lanyado (2003) highlights the paradoxical process of being taken into care in which even a move from suboptimal environments into more auspicious settings signifies a loss of the only world that is known. Such experiences seriously jeopardise a sense of security and trust and many looked-after children continue to struggle with issues around separation and loss. As witnessed by the carers in the current study, loss is often repeated throughout children’s lives as they find themselves immersed in complicated networks and procedures and remain at constant risk of separation (Heller *et al.* 2002). It is within this context that children’s responses to the group ending must be considered.

Managing the ending of therapy and the conflicting feelings it generates is an important consideration of any therapeutic endeavour. As clients contend with the imminent loss of the group experience and attendant relationships and support, Malekoff (2004) asserts that they confront loss both in the present and past tense. His acknowledgement of the potential for endings to re-awaken memories and feelings associated with past losses highlights the significance of this inevitable aspect of therapy for looked-after children. While secure and “good enough” attachment experiences enable children to manage separation, children who have experienced traumatic loss and disruptions to attachment often continue to find this difficult (Rushton *et al.* 2003).

Bowlby (1973) documented three types of responses aroused by separation and threats of separation: protest, despair and detachment. These processes seemed to be evident within children’s reactions to the group ending, correlating to expressions of dissent, denial, powerlessness and resignation. Denial, avoidance and conflicting responses in which children devalue and dismiss their experiences are recognised dynamics incurred by therapy termination and are regarded as unconscious coping strategies to “short-circuit the ending process” (Malekoff, 2004, p.188). Therefore the presence of these themes within the narratives is consistent with the literature on

endings in general. Emergent themes which are likely to be more specific to the looked-after population are “lack of choice” and attributions regarding the end of the group. Inducing feelings of powerlessness, the children’s experience of the group ending may be attributable to their underlying representations of themselves and the world. Their experiences, both within their families and the care system, encourage working models of themselves as ineffectual and inadequate and representations of the world as unpredictable and unresponsive (Pearce & Pezzott-Pearce, 2007). Thus, their IWM’s oppose the growth of an autonomous self and increase the likelihood of the ending of the group reinforcing a sense of being unable to influence the world. Further insight into children’s sense of themselves was provided by Sarah who perceived the ending as a rejection based on an appraisal of being “so bad” and unworthy. Negative self-representations therefore seemed to impinge upon children’s response to the group ending and may partly mediate the effects of relational risk factors on later difficulties managing loss and separation. Consequently, the narratives suggest that a negative self-concept and sensitivity to issues of choice and control exacerbate the already hazardous terrain of endings for looked-after children.

A prominent, and seemingly conflicting, response to the ending was also to consider ways to remember and retain aspects of their experience of the group. This seemed a particularly constructive coping response and, the fact that this was very much self-generated by the children, augmented its significance. Despite their recognised vulnerability at times of change, looked-after children in the current study were able to initiate adaptive coping strategies aimed at creating a sense of continuity and transition. Their discussions show evidence of reflecting on feelings of loss and collaborative problem-solving. This is concordant with Lanyado’s (2003) conception of successful therapy with looked-after children as enabling them to negotiate transitions with resourcefulness rather than despair and suggests that the group may have afforded an alternative experience of endings. In terms of the apparent contradictory responses to the group ending, Barbour (2007) asserts that this is the value of qualitative research by which it has the capacity to extract contradictory and

shifting views. By not applying rudimentary measures, it can illuminate the subtleties and complexities involved in obtaining perspectives and views.

3.4.5 Understanding and Stability

This theme encompassed participants' perceptions of how partaking in the group impacted upon their lives. Parallels can be drawn between children and carers' descriptions of the improvements in children's functioning thus increasing the reliability of the accounts. The six sub-themes related to enhanced stability in children's self-regulatory capacities, an increase in foster carer's understanding and effective management of their child's difficulties and a subsequent improvement in feelings of self-efficacy in both groups.

3.4.5.1 Emotional Regulation

A tangible improvement in children's ability to manage their emotions was expressed by all the carers. They described noticing an enhanced ability to verbalise feelings which in turn appeared to transmit to a reduction in emotional outbursts.

Viv: "He can calm himself down now. He *will* go into a temper but he goes up to his room for time out and he will calm down [] He doesn't lash about, lash at me anymore or anything like that"

I: "so he's dealing with it in a different..."

Viv: "he'll let me talk to him now whereas before he would have just lashed out at me."

I: "uh uh"

Viv: "He will talk to me"

Linda: "With Sarah she's she's calmed right down er cos her tantrums could last for hours and she can also say I'm so unhappy which is fine and that and its if she's done something wrong she's able to express that she is feeling unhappy"

Shona: "I've found that I'm now able to discuss emotions with her because of here whereas before it wasn't my business. Now it's officially my business."

Some of the children were also aware of the impact upon emotional regulation:

Sarah: "Well how to behave better and get less angry"

David: "It helps them (children) to calm down."

3.4.5.2 Behavioural Regulation/Interpersonal Functioning

While carers focused primarily on the change in management of feelings, children themselves appeared to more readily notice and identify potential changes in behaviour and the impact of the group on interpersonal functioning.

Laura: "I think so. Erm what is it our behaviour might change because we learn things."

Sarah: "Yes it's helped them to be more nicer and that and to be like....it's helped....see for instance they were like bad and they came to Dina School to get um help em when they left it they would be em fine the one's that used to be nasty and that."

I: "Would you tell a friend to come to Dina School?"

Sarah: "Yeah"

I: "Which friends?"

Sarah: "Harry and Amy"

I: "Why do you think they should come?"

Sarah: "I don't know. Harry and Amy are a bit bossy and they need to learn how to stop being a bit bossy."

I: "Do you think Dina School could help Tom and Jerry?"

David: "The two of them"

I: "Both of them. How could it help Tom and Jerry?"

David: "They would be good"

I: "They would be good"

David: "And be kind"

Children tended to discuss potential changes that the group might procure rather than reflecting upon the impact of the group from their own subjective experience. While it was seemed from the carers' reports that the skills learned in the group translated to real-life situations, this was less evident from the children's verbalisations. Their awareness of changes that may have occurred is likely to be restricted by a limited capacity for self-reflection and may also be affected by an ongoing period of processing and consolidation. Nonetheless their comments do provide an insight into their understanding of the purpose of the intervention and attributions for attendance.

3.4.5.3 Early Intervention

In response to the noted improvements in children's functioning, all carers conveyed the belief that access to the therapy group early in placement should be mandatory and that it withholds the potential to increase placement stability.

Linda: "I actually thought that it would be, I says to my link worker, I says 'it would be a great things for all kids that's in care but it would be even better if it was as soon as they went into care'."

Viv: "but if they came earlier on, early on just when they came in, I think Callum and his tempers could have been dealt with then. They would be in long-term care by now because I refused long-term at the start until something was done or it just wouldn't have worked you know."

Natalie: It would be helpful for carers if you came in at an early stage in the placement, especially if it was the first time or whatever you know cos you wouldn't feel as isolated you know."

Jane: "when they first come into a placement or whatever, if they had something like this to feed into, it might give them a better understanding."

3.4.5.4 Understanding

The provision of support to foster carers imparted a framework in which to make sense of their child's functioning which before had been a source of confusion and at times anguish, as highlighted by the "legacy of the past" theme. The foster carers observed the value of this in terms of instilling motivation and reducing feelings of helplessness.

Jane: "very very powerful yeah and to be honest with you the other foster carers I've spoken to, like the woman last week wi Christopher would've said no way and ended the placement long ago and I mean like you Viv, although I've worked with children like that before, and every week I think it re-iterates why Christopher's doing it and that and I go away and I think right try again."

Shona: "you were also getting feedback about it's because of this or because of that"

Jane: "aye thats right"

Shona: "so thats helped as well eh"

Viv: "I mean if you can't understand the children then how can you help them? They they can't tell you what's going on"

3.4.5.5 Empathy

Supporting foster carers' understanding regarding the origins of and processes underlying looked-after children's difficulties fostered an enhanced capacity for empathy. This was evidenced by a shift in attributions of their child's behaviour and a change in how children were perceived. The expression of empathy had a strong cognitive element in that carers were more able to understand their child but it also seemed to be accompanied by a change in feelings.

Viv: "you realise it's not the child being a little brat it's it's not it's really not their fault. It's the upbringing they've had and then you start to understand the upbringing they've had and then you start to understand them better."

Shona: "you know whatever I've said has happened you know Sarah has done that and I've found that I can be more forgiving towards Laura. She's not the only one."

Jane: "And then of course that does have a knock on effect on the children cos you do come out feeling a bit more 'yes he is just a wee boy. It's not his fault where he is in his life' and you know you get that for a couple of days."

By re-addressing expectations of their child in the context of their backgrounds, carers were able to view them in a more positive and supportive way. Jane's comment acknowledges the link between addressing her own needs and her ability to then support her child suggesting perhaps the potential for a more empathic stance towards herself.

3.4.5.6 Self-Efficacy

Foster carers' narratives revealed enhanced feelings of competency by which they conveyed feeling more resourceful and effective. Armed with a new perspective, it seemed that they were no longer seeking external support in the same way.

Shona: "I've managed to get a lot so I'm dealing with her problems better"

Viv: "I was dreading when the group ends now you know but I think we can deal with that between us now you know"

Jane: "As a carer you can take a step back and said 'this is what I've learned from coming to these places and I can do this with you'".

Carers offered corresponding examples of being able to effectively support and contain their child's feelings. The following excerpts demonstrate that an increase in self-efficacy was associated with a reduction in feelings of persecution. Moreover carers communicated a strong sense of being much less overwhelmed by their child's difficulties.

Jane: "And I was able to take his anger a little bit easier cos I thought cos he trusts me."

Shona: "If you just look at it from....if you just think back a wee bit then you can just let things go. Just let things go over your head."

3.4.5.7 Reflections on "Understanding and Stability"

Change was observed to occur in both children and carers and was described in terms of improvements in individual functioning and also the overall functioning of the foster care environment. Greater understanding was evident in relation to children's awareness of their internal experience and also carers' comprehension of the impact of children's past experiences. Together this appeared to enhance placement stability. Children's perceptions of change were less explicit and generally had to be inferred from third person comparisons and, compared to the carers, focused more on the impact of the group on interpersonal functioning. This may signify the importance of relationships and peer relations for looked-after children or may be a function of the fact that this aspect is more concrete and observable. Alternatively, given the behavioural deficits amongst the looked-after population, this may be the rhetoric with which they are most familiar.

Despite the emphasis placed by carers upon children's behavioural difficulties within "legacy of the past", they more readily identified changes in children's ability to verbalise and effectively manage their emotional experience. There appeared to be greater acknowledgement of the role and significance of internal processes as opposed to focusing solely on the behavioural manifestations of these processes. Facilitating children's capacity for self-regulation is repeatedly cited as a key target for intervention with the looked-after population (Golding, 2006; Hart & Lucock, 2006). Whilst some theorists advocate achieving this solely via the care-giving

environment (Howe, 2006), others (for example, Blaustein & Kinniburgh, 2007; Rushton *et al.* 2003) endorse direct work with children to impart generalisable skills which enhance resilience and restore impaired developmental competencies. This is consistent with the objectives of using the Dina School programme with looked-after children which, based on participants' accounts, appeared to target relevant areas and achieve discernible gains. Nonetheless, there did seem to be value in also focusing upon the role of foster care-givers. The sub-themes "understanding" and "empathy" illuminate a shift away from behavioural management towards developing a greater understanding of their foster children. Carers seemed to emphasise and become more aware of their role and the care-giving environment. This is a significant shift as Orme and Buehler (2001), in line with systemic thinking, attest to the pivotal role occupied by carers stating that foster care holds the same potential to exacerbate adjustment problems as it does to ameliorate them.

Carers' accounts of the improvements which seemed to be gained by attending Dina School correspond to previous quantitative evaluations of the programme. Based on standardised measures and observations, Webster-Stratton *et al* (2001) reported enhanced social interactions and improved emotional regulation for conduct-disordered children who had received the programme. The combination of the group with parent training was found to be the most effective in terms of improving child and parental functioning and lowering parental stress. In the current study it appeared that the provision of carer support parallel to the children's group was regarded by the carers to be helpful.

With a focus on the symptom level, quantitative research predominantly evidences impact in terms of behavioural change. The value of using behaviour as the principal focus in research with looked-after children has been questioned due to their poor self-worth in the behavioural domain (Blower *et al.* 2004). Conversely, it is argued that outcome should include goals valued by children. There seems to be greater scope for this in qualitative research where participants are not required to report on pre-determined criteria. Although foster children in this study did allude to behaviour, this seemed to be in relation to interpersonal functioning and peer

relationships. This extends the “friendship” sub-theme which emerged as part of the “group culture”, therefore revealing the significance of this for the children in this group. It is likely that researchers’ objective indicators of successful intervention may not equate with participants’ perceptions about what constitutes success.

Furthermore, quantitative research does not measure internal changes which can be significant indicators of outcome. For example, although foster carers identified improvements in children’s functioning, prominence was given to their changed feelings and perceptions as illustrated in the sub-themes “empathy” and “self-efficacy.” Capturing internal processes can be particularly instructive. Enhanced empathy for children’s situations seemed to facilitate carers’ tolerance and acceptance of their foster child which Ackerman and Dozier (2005) contend serves as a protective factor in the development of a positive self-concept. Given looked-after children’s vulnerability in this domain, they describe the importance of delineating conditions which promote acceptance. The findings of the present study suggest that acceptance is encouraged by supporting foster carer’s understanding of the nature of their child’s difficulties and needs and helping them to re-interpret children’s behavioural signals. Carers also discussed developing greater self-belief in their ability to effectively manage their child’s difficulties. This corroborates Cole and Eamon’s (2007) proposition that understanding the problems and needs of foster children enhances self-perceptions of fulfilling the fostering role. Such evidence, together with the results of the current study, highlights the importance of attending to foster carers’ subjective experiences.

3.4.6 Limitations and Barriers

Extending the previous theme, carers qualified their reports of the gains garnered by a consideration of the drawbacks and difficulties of the intervention. This concerned both elements of the therapy group, including timing, structure and pacing and also characteristics of their foster children which were regarded to block potential therapeutic gains.

3.4.6.1 Demands of Dina School

Some carers felt that the length of the group was too much for the children to cope with and stated concerns regarding the demands it placed on children both within the group, in terms of pacing, and at home with regard to the ongoing practice of skills.

Jane: "You know we get home on a Tuesday and his wee minds going ch ch ch ch ch all they things and what have I got to do wi this and how am I going to problem solve. We got to do this at home and he's kicking off a lot because of that."

Natalie: "I don't know if it's maybe been too long for him"

Natalie: "you know they are at a very basic level and I think going beyond that they do just shut down a bit. They probably need a lot more weeks on just the basics."

It seemed that this was primarily an apprehension for the carers of the two youngest participants and did not seem to be perceived as a difficulty by carers of the older children.

3.4.6.2 Rejection of Dina School

Despite the positivity towards and enjoyment of the group, maintaining the same level of enthusiasm at home was problematic:

Shona: "All the toys she's got from here are thrown away or it's been shown that she doesn't want them. They've been left on the carpet and then stood on or something"

Viv: "(his dinosaur homework) he hates it with a vengeance."

Jane: "I'll say right how are we going to solve it. What would you do at Dina Club and he just he he can't do it because he doesn't want to do it."

Children's reluctance to engage with group materials and ideas out with the therapy setting presented challenges for carers who subsequently felt that this limited its generalisability.

3.4.6.3 Blocked Progress

Carers were acutely conscious of potential barriers to progress which were considered to stem from several disparate sources.

Viv: "His wee brother can now do all this. So he's seen all this getting done in the house so he's picked up on it but Callum just can't. He was too old to do that. Well you know I wouldn't say too old but you know....."

Jane: "But I think for my looked-after child it's more about....it's more deep-rooted than than you know dealing with his temper. I think it's about why am I having a temper cos you know all of his experiences at home and you know stuff like that."

Jane: "He needs four years of his life pulled apart and jig-sawed back together again."

The above excerpts articulate ongoing concerns regarding the legacy of looked-after children's early experience portraying this as an almost impenetrable force. Locating their children's difficulties firmly in the past confers a fatalistic quality to Viv and Jane's comments. Conversely, another carer attributed current instability within the system as undermining her child's ability to benefit from the group:

Shona: "Her root problems her family are exactly the same as they were at the beginning and that stopping her dealing with [] Her family haven't given her permission to deal with things relating to family or to deal with the feeling she's got to be loyal and while she's got that she just rejects most of this..... I mean she enjoys coming here. She really enjoys the attention she gets and she's got friendly with Sarah. So I mean she likes it but....em...she can't she can't go further"

In the context of the complex relationships and issues of trust and loyalty that looked-after children have to negotiate, the role of positive attention, relationships and play is minimised with the implication that this serves merely as a form of respite from ongoing stressors.

3.4.6.4 Reflections on "Limitations and Barriers"

Concomitant to descriptions of the gains sustained by the Dina group, foster carers expressed caution about aspects of the intervention in terms of children's adherence across time and settings and its power to address the complexity of their past and

current environments. Despite children's enjoyment and positive response to the group, it was indicated that it was provoking negative reactions within the home environment. There are several ways of understanding this discrepancy. It is possible that, with its emphasis on pro-social behaviour and positive reinforcement, the therapy group inadvertently suppressed negative feelings. For such a defended group of children, there needs to be scope for the expression of the full range of feelings, positive and negative. Conversely, as opposed to being a limitation, this could be construed as evidence of the group's impact. An aim of the group is to facilitate self-esteem. However, the incorporation of positive aspects of themselves, attendant to the experience of positive attention may engender difficult feelings due to incongruity with a prevailing negative self-concept. Within such a conceptualisation, rejection of the Dina group at home is regarded as children punishing themselves, driven by feelings of worthlessness and inadequacy as they begin to integrate positive feedback.

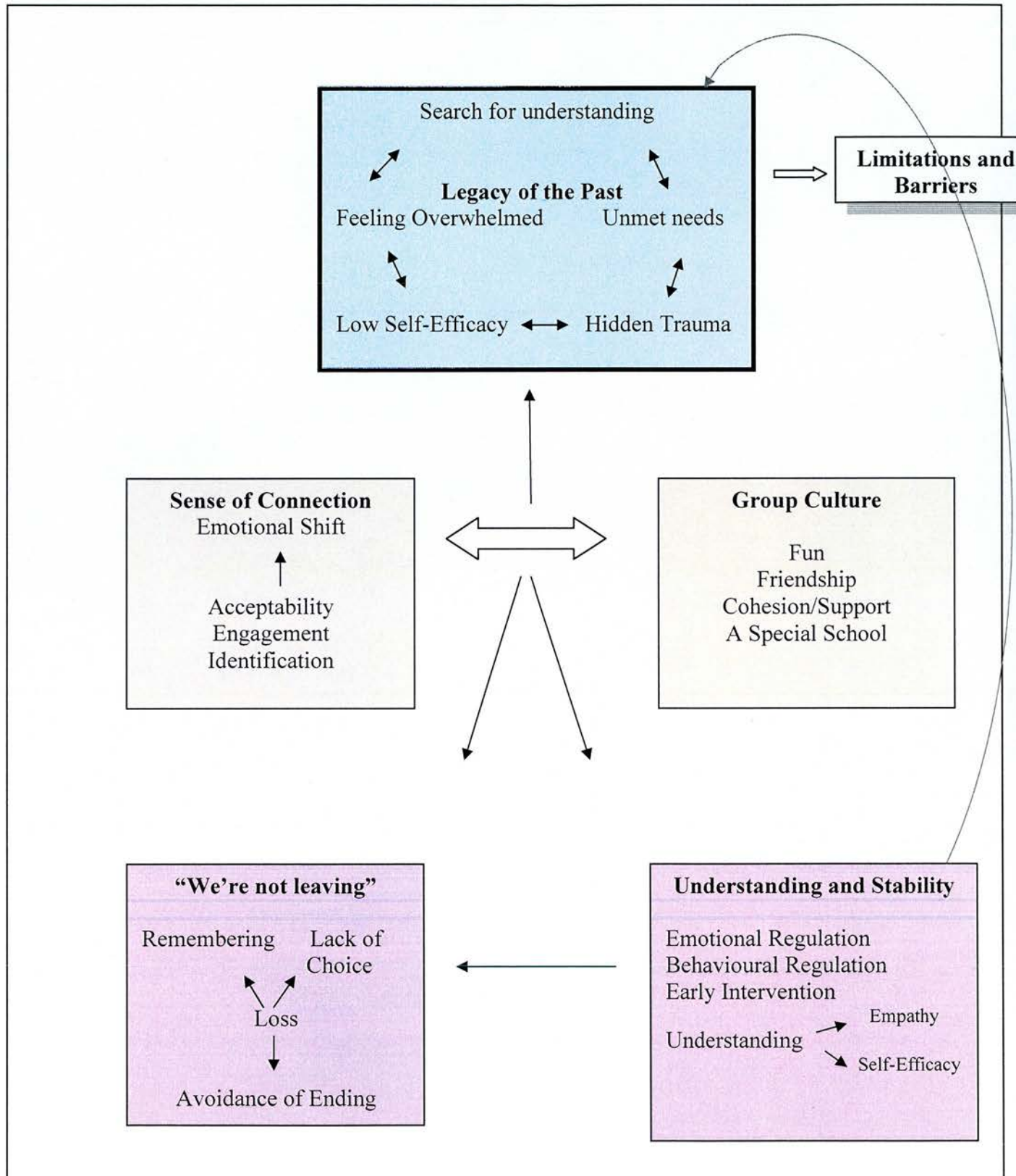
While an enhanced understanding of their foster child's difficulties benefitted foster carers, this seems to have been tempered by an increase in negative expectations and a sense of inevitability regarding the future and likelihood of change. Thus, a negative consequence of learning more about the sequelae of trauma and disrupted attachments is that it encourages fatalistic thinking. Although appraisals of the group as not being a "cure all" are realistic, such pessimism is likely to be unwarranted. Many theorists highlight the value of focusing upon protective factors and the concept of resilience in the face of adverse circumstances (for example, Kinniburgh *et al.* 2005). The doubts voiced by foster carers regarding the capacity of the Dina group to adequately penetrate the problems of looked-after children echoes the ongoing debate in the literature regarding the respective merits of therapeutic input focusing on the past versus building children's competencies in the present in order to realign their developmental course. This debate is propelled by the differing emphases in attachment and social learning theories. Interestingly, a prominent author within the attachment field recently advocated that attachment interventions should incorporate other techniques, such as social learning theory, and underscored

the importance of helping children to develop their social-cognitive abilities (Howe, 2006).

3.5 Inter-Relatedness of Themes

A consideration of the relationships among themes is presented in Figure 2. It was thought that the **Legacy of The Past** created potential barriers for both looked-after children and their carers from accessing relevant help. For children, this related to their defensive behaviours and for carers their prior experiences of help-seeking, “low self-efficacy” and anxiety concerning the consequences prevented them from seeking support. In turn this contributed to “unmet needs” in both groups and maintained a “search for understanding” and a “hidden trauma”. A **Sense of Connection** and the **Group Culture** present in both the therapeutic group for children and support group for carer’s enabled participants to engage in and benefit from intervention. The nature of commitment and involvement was such that participants expressed “**We’re not leaving**”. Reluctance to withdraw from the group was also influenced by the enhanced **Understanding and Stability** achieved. Although **Limitations and Barriers** were identified, the intervention served to lessen the impact of the **Legacy of the Past** on current functioning for both children and foster carers.

Figure 2: Diagrammatic illustration of the inter-relations between themes



4. Further Reflections and Issues

4.1 Summary of Findings

Looked-after children's experiences of attending the Webster-Stratton Dina Dinosaur Group Therapy Programme and foster carers' perceptions of this intervention were investigated through a combination of focus groups and semi-structured interviews. Whilst this constituted the primary focus of exploration, foster carers' experiences of an attendant support group were also captured. Interpretative Phenomenological Analysis (IPA) revealed six super-ordinate themes characterising participants' experiences: "Legacy of The Past", "Sense of Connection", "Group Culture", "We're Not Leaving", "Understanding and Stability" and "Limitations and Barriers".

"Legacy of The Past" situated the needs and difficulties of looked-after children within the context of a burdened and struggling foster care environment. Trying to manage, whilst at the same time struggling to understand, the nature of their foster child's behaviour was overwhelming for foster carers and hampered self-belief in their role. Foster carers perceived services to be largely unresponsive and consequently unmet needs were prevalent in both groups. Whilst children and carers attempted to cope with the impact of the past on current functioning, the difficulties present in foster care appeared to be maintained by a reciprocal cycle.

The second theme, **"Sense of Connection"**, described participants' initial perceptions of the therapy group and how these were modified. Early apprehension and social anxiety alleviated as children engaged with each other and components of the group such as the puppets. Both children and carers communicated a process of identification occurring within their respective groups which promoted a sense of belonging and validation. This seemed instrumental in overcoming prospective barriers to help and also facilitated children's understanding of their attendance at therapy. Overall both groups were experienced as acceptable and relevant.

The third theme detailed the **"Group Culture"** which formed as the group progressed. This mainly related to the children's group although a similar culture was

evident in the carers' group in terms of group cohesion and the support garnered from other group members. Essentially, children's enjoyment and the significant role of relational aspects of the group permeated this theme. While some elements of the culture are an integral part of the therapy group, other components were created by the interaction amongst the children enhanced by their connection and relationships with each other. Despite identified difficulties in looked-after children's ability to perceive other people's intentions as benign, participants seemed to perceive facilitators as helpful and were aware that the group aimed to be facilitative and restorative.

Subsequent to positive experiences, the prospect of the group terminating generated mixed feelings with a protest of **"We're not leaving."** Feelings of loss and resignation that their desire to remain in the group was unheeded were expressed. Despite the ending undoubtedly being more complicated for this group of children, they did exhibit constructive responses and considered strategies to manage their loss. Keeping memories of each other and retaining continuity were uppermost in their accounts.

"Understanding and Stability" referred to the impact of the group and encompassed improvements in children's functioning and also carers' capacity to cope. Together, this seemed to be conducive to enhanced placement stability. Children were less explicit in their descriptions of change than foster carers although this is to be expected given the reliance upon reflective abilities. Foster carers conveyed that their goals were achieved in terms of behavioural support for children and the consequent improvements in emotional and behavioural functioning. There also appeared to be unanticipated outcomes whereby foster carer's achieved greater understanding of their foster child. This enhanced feelings of self-efficacy, altered perceptions of their child and reduced the focus on behavioural management with the recognition of the significance of the care-giving environment.

Participants also discerned **"Limitations and Barriers"** of the therapy group which seemed to be strongly influenced by the sequelae of children's prior experiences.

Foster carers raised concerns about the maintenance of the improvements and the generalisability of the group. The complexity of children's past and current environments was regarded to present barriers to benefitting fully from the group. Additionally, the focus on current functioning, while deemed helpful, was thought by some to be insufficient to address the long-standing difficulties of looked-after children.

4.2 Implications of Findings

The needs and vulnerabilities of looked-after children have secured the interest of many researchers. Different theoretical orientations have resulted in different conceptualisations of therapeutic intervention (Hart & Lucock, 2006) yet despite this diversity, there does seem to be consensus on the goals of therapy for this population. Practitioners from different backgrounds agree on the need to establish inter and intra-personal competencies including self-regulation and relational engagement. Although attachment theory has been associated with foster care for some time, there appears to be increasing awareness in the literature of the relevance of social-cognitive interventions. The contribution of the findings of this study will be discussed next along with a consideration of the broader context of foster care.

4.2.1 Social –Cognitive Interventions with Looked-After Children

Exploring the applicability of the Dina Dinosaur Group Therapy Programme with looked-after children is premised on the fact that it targets developmental tasks which are disrupted by the experience of abuse, neglect and broken attachments. The strength of the approach resides in its capacity to restore social, emotional and cognitive deficits and therefore potentially realign developmental trajectories (Webster-Stratton *et al.* 2008). Given the high risk associated with the looked-after population, this is clearly a desirable aim. With other high-risk groups, such as conduct-disordered children, interventions based on cognitive social-learning theory have long been regarded as pertinent and efficacious. Nonetheless, their utility with LAAC to facilitate the recovery of developmental processes appears to have been largely overlooked in favour of attachment-based interventions.

The prominence of developmental attachment theory in understanding the origins and nature of the difficulties displayed by looked-after children is postulated to have hampered a focus on equally significant proximal maintaining factors. This is the view of Barth and Miller (2000) who assert that attachment theory is limited as a basis for treatment in terms of its lack of generalisability to settings out with the family context. A shifting perspective which emphasises the current context in which children are functioning, in addition to their historical context, is consistent with a social-cognitive perspective on which the Dina Dinosaur Therapy Programme is based. Barth and Miller (2000) extend support for this perspective when they state that interventions for this group should be:

“based on what adoptive parents report they need, the known profiles of problems experienced by adopted children and interventions that have shown the most promise of mitigating those problems.” (p.454)

Supporting the aims espoused by the foster carers in the present study, Pallett *et al.* (2002) report that direct efforts to improve children’s adjustment have high face validity for carers whose primary goal is often behavioural intervention and the alleviation of emotional difficulties. Moreover, symptomatic profiles of looked-after children highlight the applicability of social-cognitive interventions many of which are supported by an extensive evidence base confirming their moderating potential. Such interventions aim to attenuate processes operational in the maintenance of psycho-social difficulties and tend to be time-limited. Attachment-based interventions conversely view treatment as an extended and life-long process dependent upon targeting the representational level (Lanyado, 2003). However, Salkovskis (1996) alludes to the possibility that the greatest cognitive change may follow symptom improvement rather than lead to it. This highlights the potential of social-cognitive interventions to modify attachment constructs. Rather than being in opposition, Howe (2006) proposes the integration of social-cognitive and attachment theories in understanding and intervening with looked-after children.

4.2.2 Group Interventions with LAAC

While debate regarding the best way to intervene with looked-after children ensues, some researchers regard the exploration of process variables to be more productive. Eltz *et al.* (1995) highlight the dearth of studies looking at the impact of maltreatment on therapeutic attempts intended to compensate for the negative consequences of such experiences. Examining the therapeutic processes of such an endeavour, the current study has the potential to contribute to this area.

As a group, looked-after children evince high need of mental health intervention whilst at the same time possessing many prospective barriers to accessing and benefitting from such intervention. Their prior experiences are conducive to negative interpersonal expectations, mistrust, hypervigilance and a range of defensive behaviours. Irrespective of treatment method used, therapeutic alliance is repeatedly cited as one of the best predictors of treatment outcome. However, the nature of looked-after children's difficulties may undermine one of the most critical conditions for effectively addressing such difficulties. Consistent with the claim by Eltz *et al.* (1995), it seems that type of intervention should therefore be a secondary concern to maximising engagement and developing effective therapeutic relationships. Rather than diverse therapeutic techniques, perhaps what is more important is the context in which these occur.

The consideration of process variables in the current study may offer some insight into this issue. Emergent themes identified the focal concerns of children as they embarked upon therapy, evolving relationships within the group and aspects of the intervention which appeared to enable them to overcome such concerns. Primarily this involved the alliances formed amongst group members and engagement with the puppets which seemed to reduce children's vigilance and increase feelings of safety and acceptance. Alluding to the relevance of group interventions with looked-after children and to creative ways of engaging with them, group formats may actively address and surmount obstacles to the establishment of positive working relationships. Groups and their attendant processes may help to create more tolerable therapeutic conditions for abused and neglected children. Nonetheless, surveying the

extant literature indicates that treatment for high-risk children is predominantly individually focused. Themes comprising a “group culture”, consistent with other studies exploring the utility of group interventions for high-risk children (for example, Williams *et al.* 2001; Jackson *et al.* 1999), suggest their potential with the looked-after population. Thus, further research into the importance of process variables with this population is indicated and may be more rewarding than comparing diverse therapies.

4.2.3 Addressing Foster Carer Needs

Foster care is often depicted as a benign “safe haven”; a retreat from the instability and chaos that characterise the lives of foster children (Orme *et al.* 2004).

Nonetheless research attests to the difficulties that often beset placements and threaten to undermine their stability. Consequently foster parents are an increasingly vulnerable population who experience well-documented difficulties. The dynamics which often prevail in placements can impede efforts to create a positive and facilitative foster care environment. It can interfere with carers’ capacities to help their foster children resolve their emotional and behavioural difficulties, a role which is increasingly bestowed upon them (for example Wilson, 2006).

This creates the context for also attending to foster carers’ needs in the attempt to support looked-after children. In order to provide an environment favourable for repair and re-learning, foster carers also need to be supported and guided (Wilson, 2006). Often it seems that this is overlooked due to the nature of foster children’s difficulties and the anxiety and concern that this provokes. Foster carers in this study suggested that their role could make them feel overwhelmed and that they often felt ill-equipped to manage their child’s difficulties. Lacking an appropriate understanding of foster children’s problems and needs obstructs the provision of responsive care and support (Cole & Eamon, 2007). The development of such an understanding and an accompanying increase in parenting self-efficacy was a central outcome of the foster carer group and was associated with feelings of hope and empowerment. In order that foster care is a positive and potentially restorative experience, creating scope to directly support carers appears a worthwhile pursuit.

The corollary of doing so in the present study was that carers felt better equipped to meet their looked-after child's needs and support their development. Indeed, Redding *et al.* (2000) identify that the supports and services available to carers critically influence placement trajectories.

4.2.4 Supporting Both Foster Children and Carers

The interaction between foster child and carer is postulated as more prognostic of placement outcome than the characteristics of either alone (Redding *et al.* 2000). It is argued that extant research has focused too much on individual characteristics and that more can be gained by a mutual consideration of both foster carers and looked-after children. Golding *et al.* (2006) explicate the myth of "fixing" the child asserting that, for change to occur, there needs to be adaptation on the part of the child and carer. This is endorsed by Kinniburgh *et al.* (2005) who believe that there should be a dual investment in building developmental competencies and fostering familial resources in the form of caregiver support.

Although this may represent the best deployment of therapeutic resources, it is clearly costly in terms of time and resources. Nonetheless, it could procure the best outcomes for looked-after children. Particularly within the care system, intervention often does not begin and end in the therapy room. Services need to consider ways in which to also effect change in the wider system supporting the child (Pearce & Pezzot-Pearce, 2007).

4.3 Personal Reflections

It is recognised that the act of qualitatively researching a subject unavoidably engages the researcher who functions as a filter through which the phenomenon is explored. Qualitative approaches accept that the researcher's pre-knowledge and experiences add to the construction of the narratives (Willig, 2001). To monitor and acknowledge this contribution, reflexivity is regarded as a vital component of the research process which facilitates breaking away from the "self-referential circle" that typifies most research endeavours (Parker, 2005, p. 24). Another researcher

would have conducted different interviews and interpreted the resultant data in a diverse way. Consequently, to strive for neutrality is considered unattainable and a more reasonable goal is to “own one’s perspective” (Elliot *et al.* 1999). Therefore to make transparent the position of the researcher, a reflexive diary was kept throughout the research process and the main issues arising from this are discussed next.

4.3.1 Conflicting Roles

While conducting the therapy group as a group facilitator, I was aware of the additional pressure created by my dual role as a group leader and researcher. Early diary entries detail the investment I feel with regard to group attendance and children’s engagement in the group.

“Undoubtedly these would also be concerns if working solely as a clinician but my mind is projecting ahead to the implications of such factors for my research and at times I worry if this is detracting me from a present focus on the therapy group.” 12/04/2007

As I reflected upon this, my anxiety was somewhat alleviated by recognising that by not becoming overly pre-occupied with later interviews, I could better fulfil my role as group leader and therefore potentially maximise recruitment and enthusiasm for my research. This was not always easy to maintain and the challenges of occupying a dual role consequently constituted a recurring theme in my diary.

4.3.2 Researching LAAC

Due to the length of the therapy group, I got to know the lives of the children quite well. Despite extensive reading on looked-after children and their circumstances, I was unprepared for the effect this would have on me and while the group was running I frequently spoke of this in my diary. The following excerpts illustrate that both the foster children and their carers had an impact on me:

“Hearing that long-term carers may have been found for Christopher made me realise the situation these children are in. It is easy to forget while engaging with them in the group what their lives are outwith this environment. He has formed such a bond with his current carer, how will he cope if he has to leave? What is it like to have to do that? It feels very sad and unfair that, through no fault of their own, children have to lead lives like this and somehow have to find ways of managing. I feel very fortunate, and also I think spoilt, for my own background.” 29/05/07

As well as provoking reflection of my own experiences and the ease with which stability and continuous relationships are overlooked when these conditions are present, gaining exposure to the real lives of the population I was researching reinforced the value of what the group was trying to instil. Witnessing the challenges they had to negotiate in order to try and achieve permanence and constancy highlighted the resilience and strength looked-after children require.

Contact with the foster carers while conducting the focus group and the nature of the discussion also affected me. As demonstrated in the super-ordinate theme “Legacy of the Past”, dialogue oscillated between the topic under investigation and the struggles inherent in providing foster care. Again hearing real-life experiences first hand provoked reflection:

“Speaking to the foster carers has left me with a sense of huge admiration. Parenting is a tricky enough enterprise never-mind caring for children with whom you don’t have a biological bond and who seem to actively block the development of a relationship. It is amazing to listen to these carers who are investing so much in children who are most likely only going to be a transient part of their lives. Their impact may never be recognised yet they are not asking for acknowledgement; their priority remains the needs of their foster child.”

05/06/07

It occurred to me that my difficulty in understanding foster carers seemingly unrelenting commitment to their very difficult role was probably what connected and bonded them. They shared an implicit understanding with each other which would be hard to generate from an “outsider” and which conferred significant support. I questioned whether my feeling of being an “outsider” during the focus group mirrored their experiences out with the context of the group.

4.3.3 Turbulent Lives

An increasing appreciation of the turbulence which dominates many looked-after children’s lives created an additional pressure during the analysis of their narratives. Due to the high rate of “unmet needs”, I felt a strong sense of obligation to do justice to their experience within the group and accurately represent their views.

“The grouping of themes is causing anxiety and I am therefore reluctant to commit to clustering due to my awareness of the numerous ways of interpreting the data. What if I have misunderstood what they are trying to convey? I think a degree of self-doubt in the process is probably healthy as it ensures that I am constantly going back to the original data and the context in which extracts were generated. I am doing my best to maintain the integrity of the participants’ actual words.”
24/11/07

As I progressed through the research process, it became clear just how much the topic and population being explored influenced and probably shaped this process.

4.4 Methodological Appraisal

In considering the findings generated by the study, this section addresses some of the factors impacting on the conclusions and outlines potential strengths of the study.

4.4.1 IPA

As a relatively new method of qualitative analysis, IPA has necessarily attracted caution and some scepticism. In particular, it is frequently contrasted to grounded theory which is a more recognised and well-known qualitative approach. IPA has been observed by some to be a less rigorous and thorough form of grounded theory. The fact that IPA is still evolving and has not yet generated an extensive literature base should not be taken to mean that it does not employ rigorous and systematic analysis. Indeed, Smith (2004) acknowledges that a commonality between the two approaches is the use of similar analytic techniques whereby systematic data reduction methods are used to obtain a composite picture of the area under investigation. Where they differ is in relation to IPA’s focus on individual experiences compared to grounded theory’s identification of social processes which is suggested to be more suited to sociological research questions (Willig, 2001). IPA seemed more applicable to the present study for many reasons. Primarily, the aspirations of IPA were consistent with the aim of the study, which was to delineate children and carers’ experiences of the intervention they received. Moreover, IPA assumes an integral role for the researcher in conducting the exploration. This was considered advantageous as the researcher had prior involvement with the participants and, especially with the children, had an established relationship. It was

hoped that this would benefit the research process by enabling participants to feel more at ease and provide rich accounts of their experiences.

Purposive sampling is employed in IPA to acquire a homogenous sample of participants. Combined with an idiographic approach, this understandably curtails the generalisability of findings. This is a common objective when undertaking research and it could be argued that this is not afforded by an IPA study. This is true, concurs Smith (2003), when one seeks empirical generalisability. He asserts that the analytic approach adopted in IPA does not aim to be representative and instead offers theoretical generalisability which refers to situating the findings within personal and professional experience and the extant literature. Moreover, to research a sample size large enough to be representative would be implausible given the depth of analysis required within IPA (Yardley, 2000). Nonetheless, when considering the implications of the findings, it is important to utilise some prudence and remember the context in which the findings were generated. Despite the term “looked-after children”, they are not a homogenous group and neither are foster carers all of whom will possess different backgrounds, motivations for becoming carers and experiences within that role. Consequently, different groups of looked-after children and carers would express different themes.

When researching children’s experiences, the quality and richness of their responses is a common anxiety prior to and during conducting the research. A criticism often levelled at IPA concerns its reliance on participants being skilled and eloquent communicators with well-developed reflective capacities. This caveat would render children, and potentially many adults, unsuitable research participants with the assumption that they would be unable to provide an account suitable for IPA analysis. Rather Smith (2004) contends that the richness and depth of an account depends more on the significance of the experience being discussed and the level of engagement experienced by participants. Based on this argument, both foster carers and looked-after children appear appropriate candidates for an IPA investigation. This is corroborated by some of the emergent themes which specified participants’

engagement and connection. Factors relating to this issue are expanded on in section 4.4.3.

Validation of themes was sought by cross-checking the assigned codes with a clinical psychology colleague familiar with the method of analysis. However, respondent validation was not carried out and, given the current emphasis on this procedure as a means of increasing rigour, this could be seen as a limitation of the current study. Although this may have been sought if time-constraints had permitted, Barbour (2001) has questioned the appropriateness of this technique. While acknowledging the potential to corroborate or refine findings, Barbour (2001) conceives that the absence of such validation does not disprove findings. For research in health services it can create unnecessary difficulties for both the researcher and participants.

4.4.2 Focus Groups

A further area of potential contention may be the combination of focus group methodology with an approach developed to explore personal experiences. IPA is more commonly associated with an individual interview format. Nonetheless, Smith (2004) suggests that this should not deter the use of focus groups for IPA and considers it an area “ripe for exploration.” Although embarking upon this relatively uncharted territory with some trepidation, it did seem to accrue a number of advantages. A central concern was how representative of the individual the narratives generated in a group format were. This is dependent upon a number of factors such as the topic under consideration and characteristics of the participants (Smith, 2004). The experience of the current researcher was consistent with Wilkinson’s (2003) assertion that focus groups aid personal disclosure and this appeared to be evident within both the children’s and carers groups. Supporting this perception is the comparison of children’s own level of contribution in the individual and group settings, discussed in section 4.4.3.

As participants in the groups shared significant experiences, this motivated frank discussion and the group format seemed to serve as an outlet to experiences in the outside world where both foster carers and looked-after children have been depicted

as marginalised groups. Further enhancing the contribution of personal experience was the fact that both groups were already established prior to data collection and participants were accustomed to interacting together. Overall, the dynamics present in the focus groups did not seem to oppose an individual orientation to the analysis and may have facilitated the exposure of personal experiences.

4.4.3 Researching Children's Experiences

While not frequently adopted (although not without precedence), the combination of focus groups and individual interviews with the children yielded interesting insights into the process of researching their experiences. Importantly, it permitted a direct comparison of the two approaches. It has been suggested that researchers are disinclined to report on difficulties encountered in the research process (for example, Curtis *et al.* 2004). The experiences of the current researcher were such that she felt compelled to comment on this, specifically in relation to researching children in a one to one format.

Particular challenges were encountered during the individual interviews with the children. Whereas in the focus group children were enthusiastic, animated and expansive in their verbalisations, in an individual setting the same children were monosyllabic, ambivalent and inhibited. Familiarity with the researcher did not seem to assuage anxiety or overcome any of the usual social expectancies operative in adult-child interactions. Despite the same materials and props being used to compensate for cognitive and linguistic ability, there was a significant discrepancy in children's responses in the two formats. This signifies the importance of the social context and questions the reliability of information gained from children in traditional interview settings. Kitzenger (1995) argues that people's views and perceptions are not completely captured in reasoned responses to direct questions. This seems especially pertinent to children for whom the discursive nature of interview-based research is far less accessible (Curtis *et al.* 2004). The use of focus groups was successfully incorporated in the current study, exposing dimensions of understanding that would otherwise have remained undiscovered. To empower child informants, researchers need to be able to adapt to their needs and preferences and

should not expect them to conform to typical research scenarios (Bricher *et al.* 1999). This was well-illustrated in this study.

4.4.4 Future Research

Several avenues of further research are suggested by the results of the current study. As much of the research undertaken with the Dina Dinosaur Therapy Programme has been quantitative in nature with conduct-disordered children, it would be informative to replicate the present qualitative study with this population. By identifying shared and unique experiences, this would clarify which themes are distinctive to looked-after children's experiences and would also extend the understanding of therapeutic processes operative in the therapy programme. Similarly, it may be interesting to conduct a quantitative investigation focusing on clinical outcome with looked-after children to allow for a direct comparison of the group's efficacy with different populations.

Follow-up of the current study is also indicated to monitor long-term impact of the group and any changes in perceptions over time. As the ending emerged as such a strong theme within the children's narratives and given what is known about the significance of loss experiences for looked-after children, it may be particularly relevant to follow this up with them.

5. Conclusion

Looked-after children are an identified high-risk group. The nature of their difficulties and potential developmental trajectory has been well researched. Yet attempts to understand the sequelae of their compromised backgrounds have not corresponded to the identification of effective interventions intended to address impaired developmental competencies. The very term “looked-after children” has been described as one of the many barriers contributing to an unmet need. By targeting cognitive, emotional and behavioural deficits, the Dina Dinosaur Small Group Therapy Programme appears to offer a valuable, relevant and acceptable evidence-based intervention to this vulnerable group. In addition to imparting important developmental skills, in particular those required for emotional regulation, the group also seemed to offer a sense of acceptance and belonging. It appeared to penetrate prospective barriers to therapy engagement and the identification of relevant process variables could usefully inform future therapeutic interventions.

A qualitative approach was conducive to the exploratory nature of the research which was concerned with uncovering the subjective experiences of the recipients of the therapy group. Revealing aspects of experience not accessed in quantitative designs, this extends outcome-based research and broadens an understanding of the impact of the group. This study also encroached upon the broader context of foster care by capturing carers’ experience. Evidencing that foster care is not necessarily a “port in a storm”, the findings could offer useful information to facilitate the provision of services attuned to foster carers’ needs.

Furthermore, this study contributed to an area that does not receive much attention in the literature: the drive to engage with children as subjects, and not objects, of research. The ethical and methodological complexities of conducting qualitative research with children may discourage many researchers from embarking upon such an enterprise. Nonetheless, the competence with which children can express their

views, when creativity and flexibility are employed, is hugely rewarding and permits valuable and fascinating insights into their experiences.

6. REFERENCES

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7. Appendices

- I Webster-Stratton Dina Dinosaur Group Programme
- II Information Sheets
- III Consent Forms
- IV Interview Design for Children's Interviews
- V Interview Schedule used with Foster Carers
- VI IPA Analytical Process
- VII Letter of Ethical Approval
- VIII Coded Transcripts
- IX Summary Table of themes within narratives
- X Consent: an Amendment

7.1 Appendix I: Dina Dinosaur Therapy Programme: Aims, Structure and Method

AIMS:

- Strengthen social skills
- Promote use of self-control strategies
- Increase emotional awareness
- Reduce aggressive behaviour
- Decrease negative cognitive attributions
- Enhance effective anger management skills
- Increase self-esteem and self-confidence

STRUCTURE:

Component 1: Dina Dinosaur explains how to do your best in school

Component 2: Understanding feelings

Component 3: Wally Problem Solver explains how to solve problems

Component 4: Tiny Turtles Anger Management Steps

Component 5: Molly Manners teaches how to talk with friends

METHODS:

- Developmentally based
- Puppets: Wally Problem Solver, Molly Manners, Tiny Turtle, Dina Director of Dina School
- Videotaped modelling
- Role play
- Group discussion
- Small group practice activities
- Homework

From Webster-Stratton and Reid (2003)

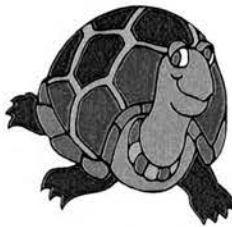
7.2 Appendix II: Information Sheets for Participants

- 1. Child Information Sheet**
- 2. Guardian Information Sheet**
- 3. Participant Information Sheet**

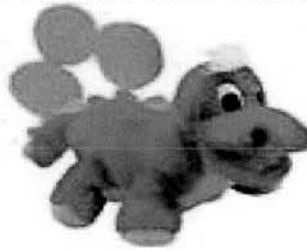
The University of Edinburgh



LAAC's Experience of a Social Skills and Problem Solving Group Children's Information Sheet



How was the Dina Dinosaur Group for you?



I would like to invite you to take part in a piece of work that I am doing. To help you decide if you would like to do this I would like tell you about it. Please read this sheet carefully and you can ask other people to help you. Ask me if there is anything you do not understand. There is no hurry for you to decide.

❖ **What is my work about?**

I would like to hear about your time in the Dina Dinosaur group! I am interested in finding out you what you thought of it.

❖ **Why have I been asked to take part?**

You have been asked to take part because you are attending the Dina Dinosaur group. Every person who comes to the same group as you has been asked to take part. Your foster carer has been asked too.

❖ **Do I have to take part?**

No you do not have to do it if you do not want to. It is up to you to decide.

If you would like to take part, you will be asked to sign a form saying that you agree to take part. As you are under 16, I will speak to your carer and ask them to sign a form too.

If you decide to take part and then change your mind later on that is ok. You can change your mind and you do not have to tell us why.

❖ **What will I have to do?**

If you decide to take part, I will meet you in the same place as you attend the group.

During our meeting you will be asked to join in a small group discussion with the other children in the Dina Dinosaur Group. I will ask you about the Dina Dinosaur Group. Examples of some questions I will ask include:

- "what did you enjoy about the group?"
- "what surprised you about the group?"
- "was the group helpful?"

If it is okay with you the discussion and interview will be audio-recorded so that I don't forget anything that we talk about. We will talk for a short time and you can take a break anytime you would like to. You might want your carer to be with you while we are talking and that will be fine.

❖ **What are the good and bad things about taking part?**

I hope that you will enjoy letting me know what the group was like for you and talking about what you thought of it. What you tell me might help us to make other groups better for other children.

You do not have to tell me anything that you do not want to so it shouldn't be unpleasant. There are no right or wrong answers to the questions and it is not a test. You can stop at any time if you want to.

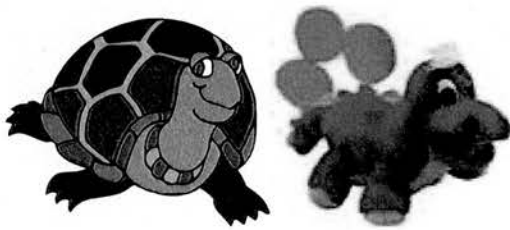
❖ **Who will hear what we talk about?**

Everything that we speak about will be kept private. The tape will only be heard by me and this will be destroyed when I am finished my work. Anything I write down will not have your name on it and nobody will ever know it was you.

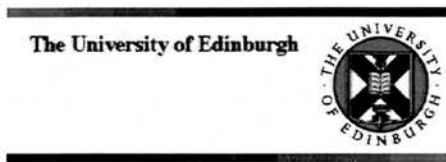
You can ask your carer to speak about this with you before you make up your mind. You can ask me questions at any time.

Thank you for reading this!

Ashley Allan
Trainee Clinical Psychologist



Info Sheet Child Version 2- 11th Dec 2006



LAAC's Experience of a Social Skills and Problem Solving Group

Carer/Guardian Information Sheet

Full Research title: A study of How Looked After and Accommodated Children (LAAC) and their carers experience participating in a social skills and problem solving training group.

I would like to invite your child to participate in a research project. Before you decide if you would like them to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information and feel free to ask me if there is anything you are unclear about or if you would like further information.

- **Introduction**

The Dina Dinosaur Group aims to develop children's social and emotional skills to improve their social, interpersonal and academic functioning enabling them to get on better within home and school environments. These skills are encouraged through the use of methods which have been found to be particularly effective for young children, such as using puppets, visual imagery and fun, play-based activities.

The Dina Dinosaur Group forms part of the "Incredible Years Child Training Program" developed by Carolyn Webster-Stratton to teach positive interaction skills to four to eight year olds. Studies looking at the effects of the group have found it to be beneficial in the areas of social skills, peer relationships and conflict management.

- **What is the study about?**

I am planning to do some research on the Dina Dinosaur group which aims to increase our understanding regarding the impact of the group in terms of addressing the behavioural difficulties experienced by Looked-After and Accommodated Children and increasing their emotional and social skills. I am interested in what children think and feel about the group and would like to hear about their experiences within the group.

- **Why has my child been asked to take part?**

Your child has been invited to take part as he/she will be participating in the Dina Dinosaur group. Every child who attends the group will be invited to take part in the study.

- **Do they have to take part?**

It is up to you and your child to decide whether or not to take part in the research. You **do not** need to participate in the research in order to attend the group. Participation is voluntary and you may refuse to take part. If you are willing for your child to take part in the research you will be given this information sheet to keep and will be asked to sign a consent form. This indicates that you have read and understood this information and you will be consenting to:

- your child taking part in a small group discussion
- the data being used for research purposes

If you decide to take part you are still free to withdraw from the study at any time and do not have to give a reason for this. If you do decide to withdraw your child, this will not affect the standard of care that you or they receive from the service and will not affect access to any services in the future.

Your child will be given an information sheet for you to discuss together to help them make a decision. If they agree, they will also be asked to sign their own consent form.

- **What will they be asked to do?**

If you decide to take part in the study, I will arrange to meet your child in the same place they attend the group. This will take place while the group is still running towards the end-point of the group.

During our meeting, your child will be asked to join in a small group discussion with the other children who also attend the group. I will ask your child how they felt about the Dina Dinosaur Group. Examples of some questions I will ask include:

- "what did you enjoy about the group?"
- "what surprised you about the group?"
- "was the group helpful?"
- "if a friend was coming along to the Dina group what would you tell him/her about it?"

The puppets from the Dina Dinosaur Group, with whom your child will be familiar, will form an integral part of the discussion group. Research indicates that the puppets readily capture children's imagination and the characters quickly become "real" to children. It is therefore often easier for children to engage with the puppets to discuss their thoughts and feelings than with adults.

With your permission the group discussion and interview will be audio recorded so that I don't forget anything that is discussed and to ensure children's views are accurately represented. I expect the discussion to be fairly short and your child will be able to take a break or stop at any time.

- **Are there any risks/benefits to taking part?**

Although your child will have completed the Dina Dinosaur Group, it is hoped that this study will benefit them by providing them with an opportunity to have their views and thoughts heard. Their opinions and experiences may help to further develop the services that Looked-After and Accommodated Children receive in the future.

Your child does not have to share any information they do not wish. There should be no risks associated with taking part. However, they may stop the interview at any time should they begin to feel upset or distressed. They also have the right to withdraw from the study at any time.

If at any time you wish to make a complaint about any aspect of the research, you can do so by following the normal complaints procedure through.

- **Confidentiality**

All information collected during the course of the study will be kept strictly confidential. Any identifying information will be removed and the transcript will be given a code so that it cannot be identified. The information will be stored securely on NHS property and the only people to have access to the information during the study will be myself and research supervisors. This will be anonymised. Any audio and visual material (ie tapes of the interview) will be destroyed after the data has been transcribed.

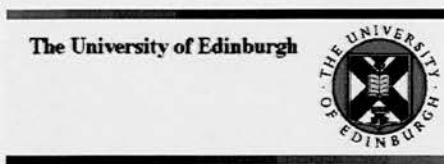
- **Results of the research study**

The findings of this study may be shared with other professionals to increase our understanding and add to previous research conducted on the Dina Dinosaur group programme. However names will not be used and nobody will be identified in any publication from the study.

If you require more information or have a specific question about the research please contact me on.

Thank you for taking the time to read this information.

Ashley Allan
Trainee Clinical Psychologist



LAAC's Experience of a Social Skills and Problem Solving Group

Participant Information Sheet

Full Research title: A study of how Looked-After and Accommodated Children and their carers experience participating in a social skills and problem solving training group.

I would like to invite you to participate in a research project. Before you decide if you would like them to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information and feel free to ask me if there is anything you are unclear about or if you would like further information.

- **Introduction**

As you are aware the Dina Dinosaur Group aims to develop children's social and emotional skills to improve their social, interpersonal and academic functioning enabling them to get on better within home and school environments. These skills are encouraged through the use of methods which have been found to be particularly effective for young children, such as using puppets, visual imagery and fun, play-based activities.

The Dina Dinosaur Group forms part of the "Incredible Years Child Training Program" developed by Carolyn Webster-Stratton to teach positive interaction skills to four to eight year olds. Studies looking at the effects of the group have found it to be beneficial in the areas of social skills, peer relationships and conflict management.

- **What is the study about?**

I am planning to do some research on the Dina Dinosaur group which aims to increase our understanding regarding the impact of the group in terms of addressing the behavioural difficulties experienced by Looked-After and

Accommodated Children and increasing their emotional and social skills. I am interested in what children think and feel about the group and would like to hear about their experiences within the group. I am interested in hearing about the effects of the group from the perspective of both children and foster carers.

- **Why have I been asked to take part?**

You have been invited to take part as your child will be participating in the group. Every foster carer whose child attends the group will be invited to take part in the study.

- **Do you have to take part?**

It is up to you to decide whether or not to take part. You **do not** need to participate in the research in order for your child to attend the group. Participation is voluntary and you may refuse to take part. If you are willing to take part in the research you will be given this information sheet to keep and will be asked to sign a consent form. This indicates that you have read and understood this information and you will be consenting to:

- being interviewed following the group
- the data being used for research purposes

If you decide to take part you are still free to withdraw from the study at any time and do not have to give a reason for this. If you do decide to withdraw, this will not affect the standard of care that you or your child will receive from the service and will not affect access to any services in the future.

- **What will you be asked to do?**

If you decide to take part in the study, I will arrange to meet you in the same place as the group will be held. This will be shortly after the final week of the group.

During our meeting I will ask you to discuss what you thought of the Dina Dinosaur group and your feelings regarding this. Examples of some questions I will ask include:

- "how has the group affected daily life with your child?"
- "what were your expectations?"
- "do you feel the group was helpful?"

With your permission the interview will be audio-recorded so that I don't forget anything that is discussed. I expect the interview to be fairly short and you will be able to take a break or stop at any time.

- **Are there any risks/benefits to taking part?**

Although your child will have completed the Dina Dinosaur Group, it is hoped that this study will benefit you by providing some time and space to reflect on the experience and have your views heard. Your opinions and experiences may help to further develop the services that Looked-After and Accommodated Children and their foster carers receive in the future.

You do not have to share any information you do not wish to. There should be no risks associated with taking part. However, you may stop the interview at any time should you wish to. You also have the right to withdraw from the study at any time.

If at any time you wish to make a complaint about any aspect of the research, you can do so by following the normal complaints procedure.

- **Confidentiality**

All information collected during the course of the study will be kept strictly confidential. Any identifying information will be removed and the transcript will be given a code so that it cannot be identified. The information will be stored securely on NHS property and the only people to have access to the information during the study will be myself and research supervisors. This will be anonymised. Any audio material (ie tapes of the interview) will be destroyed after the data has been transcribed.

- **Results of the research study**

The findings of this study may be shared with other professionals to increase our understanding and add to previous research conducted on the Dina Dinosaur group program. However names will not be used and nobody will be identified in any publication from the study.

If you require more information or have a specific question about the research please contact me on.

Thank you for taking the time to read this information.

Ashley Allan
Trainee Clinical Psychologist

Info Sheet Participant Version 2 – 11th Dec 2006

7.3 Appendix III: Consent Form for Participants

Consent Form for foster children and foster carers

The University of Edinburgh



Study: A study of how Looked-After and Accommodated Children and their carers experience participating in a social skills and problem solving training group

CONSENT FORM
Consent for self and child participation

Please initial box

- | | | |
|----|---|--------------------------|
| 1. | I confirm that I have read and understood the information sheet for the above study | <input type="checkbox"/> |
| 2. | I have received enough information about this study | <input type="checkbox"/> |
| 3. | I have had the opportunity to ask questions and have had these answered to my satisfaction | <input type="checkbox"/> |
| 4. | I give consent for the focus group to be video recorded | <input type="checkbox"/> |
| 5. | I give permission for direct quotes to be used in future publications of this research and understand that my anonymity will be retained | <input type="checkbox"/> |
| 6. | I understand that my taking part in this study is voluntary and that I am free to withdraw at any time without giving any reason and without the service I receive being affected | <input type="checkbox"/> |
| 7. | I agree to take part in the above study | <input type="checkbox"/> |

Name of Participant

Signature

Date

_____	_____	_____
Name of Researcher	Signature	Date

For children, carer/guardian must also sign below:

_____	_____	_____
Name of Child	Signature of Carer/Guardian	Relationship to Child

Version 3- 18th Jan 2007

7.4 Appendix IV: Interview Design for Children's Interviews

The following multi-method data collection was used in both the focus group and individual interviews undertaken with the children. This encompassed:

- Puppet Interaction and Scenarios
- Video Vignettes with puppets
- Coloured pictures depicting scene relevant to topic of investigation
- Activities

Focus Group

Wally introduces a problem:

Well I had a pretty good week but I do have one problem. I was hoping you could help me come up with some solutions. Well my friend at school Oscar told me he was coming to Dina School. He knew that I have been and so he asked me to tell him about the group. There were so many things running through my head, I couldn't think of anything to say! Do you have some ideas about how I can explain Dina School to Oscar?

How would you describe it? What would you tell them to prepare for it? What would they need to know? What do you think would be important to tell him?

Vignettes

Wally meeting Dina for the first time

Wally's friend is confused about why he is going to Dina School

Wally on phone to friend relating ongoing difficulties:

I'm always excited about going to Dina school and I have a lot of fun with my new friends. But sometimes I have a few worries like "will I remember everything at home?" and "what if I have to go to the Time Out chair?"

Pictures

Wally meeting Dina for the first time – thoughts and feelings

Picture of children beginning and ending Dina School – what might be different about them, why do some children go to Dina School, how might it help them, thoughts/feelings before and after

Problem situation confronted by two different children one who has been to Dina School and one who hasn't – what are they thinking, feeling, what will they do, how confident are they in being successful

Picture of child outside home and school – has Dina School changed anything, which parts of group most remembered/used/helpful in different settings

Picture of child dreaming – what will you remember most from Dina School

Picture of Bart Simpson, Nelson, Milhouse, Dennis the Menace, Walter, Spongebob Squarepants, Spiderman, Rugrats- Angelica and Chuckie, Scooby-Doo, Scrappy-Doo – how could Dina Dinosaur help them? Any of these characters like you? Wally/Molly?

Activities

Badges to puppets

Brainstorm structure of group (song, discussion about week, discussion with Wally/Molly/Dina, video, break, song, group activities, swap chips for stickers/prizes)

- favourite, least favourite, rank them, score cards, chips, stickers, prizes

Divide into two teams – Team 1 is unsure/nervous about attending Dina School and Team 2 has to persuade them to go

Recipe and Ingredients – write down three things that are important ingredients of the group

Visual multiple choice/Personal construct – do you agree with these, true or false

- Chips are important
- I knew what I needed to do to earn chips
- I was disappointed if I didn't get a prize
- Wally sometimes made mistakes
- Wally/Molly is like me
- I liked doing role-plays
- I've got new ideas about how to handle problems
- Watching the videos was fun

Questions

Would you recommend the group to a friend? Which friend? What kind of friend? How might it help them?

If you were Dina, the director of Dina School, what would you change about the group? What would be important to keep?

If everything that happens in Dina School could be put in a magic spell and you used a magic wand and cast that spell on someone, what would happen? Would they change? (Harry Potter)

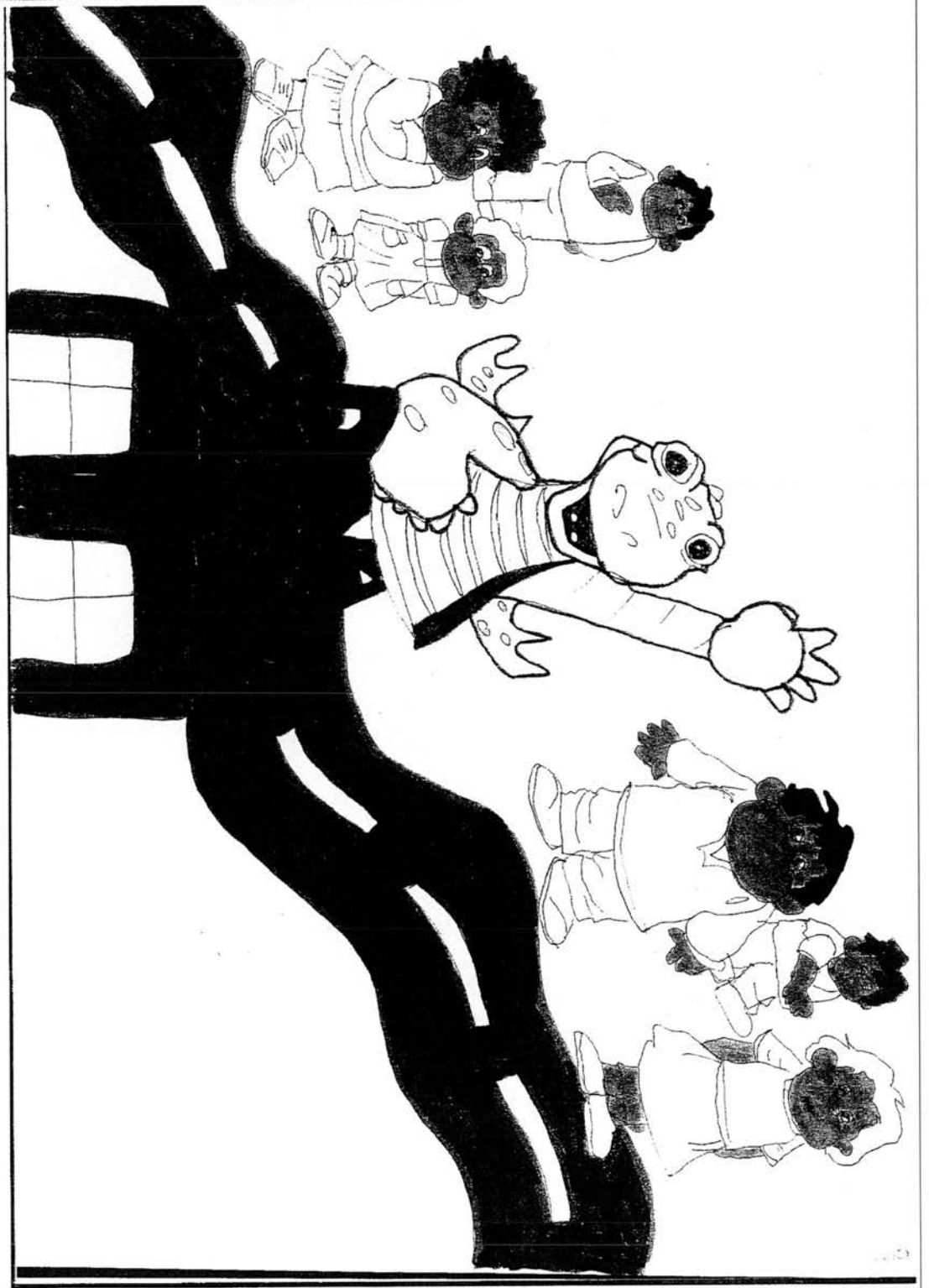
Did anything surprise you about the group?

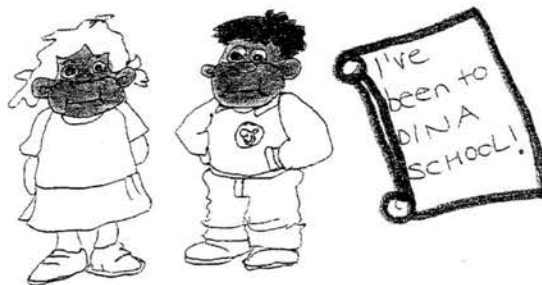
What was fun about the group?

We all have different feelings at different times. Were there days when you were excited, unhappy, worried, nervous about coming to Dina School? Thoughts?











7.5 Appendix V: Interview Schedule

The following open-ended questions will be used to generate discussion within the focus group undertaken with the foster carers. The aim is to encourage participants to expand on their own experiences.

- How did the Dina group sound relevant to your child and how did you feel about it initially?
- How did the experience fit with your expectations?
- What has the impact been in terms of home, school, relationships?
- What changes have you noticed?
- How do you think your child felt about attending?
- What is your understanding of the benefits/drawbacks of the group?
- How does it compare to other support/help you have received?

7.6 Appendix VI: IPA Analytical Process

Step 1

The first transcript was read several times to facilitate familiarity with the content. Following this, two margins were created on either side of the text. Preliminary thoughts and summaries of the text were recorded on the left-hand side which included assignment of descriptive labels, identification of associations, summary statement, comments on language use and initial interpretations (Willig, 2001). This constituted the first layer of analysis.

Step 2

The second layer of analysis involved returning to the start of the first transcript and recording emerging themes which captured the quality of the discourse. These were recorded as concise phrases in the right hand margin (see Appendix VIII). This layer of analysis denoted a higher level of abstraction and required assigning terminology that was general enough to be applied across and within transcripts. It was important to ensure analysis at this stage was still grounded in the narrative of the participant whilst also encompassing a higher level on interpretation (Smith and Osborn, 2003).

Step 3

Subsequently, generated themes were organised into a list in the order in which they emerged and connections between themes were identified. Structure was introduced at this stage as potential clusters of themes were organised into groups. Some themes formed natural clusters through sharing meaning or references while others emerged as super-ordinate themes which captured the essence of a group of themes. To ensure that the theme clusters identified at this stage made sense in relation to the original text, the researcher oscillated between the emergent clusters and the participant's account.

Step 4

A summary table was produced composed of the super-ordinate themes and their corresponding sub-themes. Attached to each theme were an illustrative quotation and the page and line number of its location in the text to facilitate its later retrieval. At this stage, themes which were not well-represented or which were peripheral to the phenomenon under exploration were discarded.

Step 5

Themes from the first transcript were used to inform the analysis of subsequent transcripts. New themes were identified together with further examples of extant themes thus establishing similarities and differences between the narratives of participants, described by Smith and Osborn (2003) as "respecting convergences and divergences in the data (p.73)". The above steps were repeated for each transcript with earlier transcripts being checked for the presence of new emergent themes and also to ensure that these were not simply new manifestations of a previously identified theme.

Step 6

Following the cyclical interpretative process, a progressively integrated list of themes was produced. This was displayed in a structured master table showing super-ordinate themes, sub-themes and their presence in the transcript of each participant. (See Appendix IX).

7.7 Appendix VII: Letter of Ethical Approval

06/S0501/104

NHS

14 February 2007

Miss Ashley J Allan
Trainee Clinical Psychologist
Clinical Psychology Dept

RECEIVED
18 FEB 2007

Dear Miss Allan

Full title of study: A Study of How Looked After and Accommodated Children (LAAC) and Their Carers Experience Participating in a Social Skills and Problem Solving Training Group

REC reference number: 06/S0501/104

Thank you for your letter of 18 January 2007, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information was considered and approved under Chairs Actions on 13 February 2007.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised.

Ethical review of research sites

The Committee has designated this study as exempt from site-specific assessment (SSA). There is no requirement for [other] Local Research Ethics Committees to be informed or for site-specific assessment to be carried out at each site.

Conditions of approval

The favourable opinion is given provided that you comply with the conditions set out in the attached document. You are advised to study the conditions carefully.

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	Version	Date
Application		11 December 2006
Investigator CV		11 December 2006
Protocol	4.0	12 December 2006
Covering Letter		11 December 2006
Covering Letter		18 January 2007
Letter from Sponsor		27 October 2006
Compensation Arrangements		28 July 2006
Interview Schedules/Topic Guides	1.0	11 December 2006
Letter of invitation to participant	1.0	11 December 2006
Participant Information Sheet: Participant Information Sheet	2.0	11 December 2006
Participant Information Sheet: Carer/Guardian Information Sheet	3.0	11 December 2006
Participant Information Sheet: Children's Information Sheet	2.0	11 December 2006
Participant Consent Form: Consent Form	2.0	11 December 2006
Participant Consent Form: Assent Form For Children	2.0	18 January 2007
Participant Consent Form: Consent Form - Consent for Self and Child Participation	3.0	18 January 2007
Response to Request for Further Information		
Assent Form for Children	1.0	11 December 2006

Research governance approval

You should arrange for the R&D department at all relevant NHS care organisations to be notified that the research will be taking place, and provide a copy of the REC application, the protocol and this letter.

All researchers and research collaborators who will be participating in the research must obtain final research governance approval before commencing any research procedures. Where a substantive contract is not held with the care organisation, it may be necessary for an honorary contract to be issued before approval for the research can be given.

06/S0501/104

Page 3

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

With the Committee's best wishes for the success of this project

Yours sincerely





Enclosures: *Standard approval conditions, SL-AC2*

Copy to:



7.8 Appendix VIII: Coded Transcript

1. Excerpt from the children's focus group

- Left-hand margin: description and content, use of language, preliminary interpretation, conceptual and interrogative coding
- Right-hand margin: emergent themes, capture essence of first layer of analysis, reflect understanding

2. Kate was the co-therapist. Kate played the role of the puppet character Wally and the researcher played the part of Molly.

	W: so it sounds like you all came up some really good ideas about Dina school that I can tell Oscar	
	M: Wally can I ask the children something? Callum and Laura asked how many weeks were left and A said five weeks and you all went aaaaaawwww. I was wondering why you said that	
gp is ending not shared by everyone - glad its ending - shouting - inappropriate volume [defensive?] - fear / risk of not seeing each other again, forgetting underlies sadness at group ending	Laura: cos its sad	Sadness at ending
	David: (shouting) no I'm glad. I don't like coming here	Relief at ending Defensive response Fear/anxiety of forgetting
	Laura: cos we cos we maybe we won't meet each other again and we might we might forget about each other	
wanting to remember	A: right so that makes you feel sad	
	Sarah: I'm going to write a list about remembering all of yous	Wanting to remember
keeping memories / reminders of the group	A: are you that's a lovely idea	
	Laura: I've put all my prizes in my memory box	Keeping memories
(sense of wanting / needing to remember, worry that they will be forgotten - by who? - wanting to hold onto the group cognitive preparations for coping with the ending)	A: have you	
	David: I've got my bike	
	Kate: We are speaking about D school finishing	
	David: when its finishing its exciting. I don't like Dina school	Excited to finish
Exciting to end. Dislike of gp. Repetition - (need to be different from others?)	A: right so you're excited when its finished cos you don't like coming here	
Example of using gp content	Sarah: that's not a very nice compliment D	Spontaneous use of gp content
	A: it's not a compliment but its important that he says how he feels	
can't help how you feel	David: anybody can't help it sometimes	
	A: that's right you can't help how you feel. What we've got now is some videos to watch which are going to be a little bit different from the normal one's.	
	(watching vignette)	

A: so what was happening there?

David: em they were saying what about Dina school.
Whats wrong whats wrongs about it

Laura: they were what is it welcoming each other but I
can't remember the words

A: that's right. Wally was meeting Dina for the first time.
What do you think Wally was thinking?

the first impressions
"I'm going to like it here"
Felt at ease after
initial anxiety

Laura: em what is it I think I'm going to like it here like I
was thinking. I'm going to like it here (singing voice)

positive
impression

A: so he was thinking he would like it. And you thought
you would like it. What made you think that?

Disappearance of
nerves. Became
comfortable

Laura: After I was nervous I thought I would like it

Reduction of initial
anxiety / lowering of
anticipatory anxiety

A: Did anyone hear what W and L said?

Sarah: I'm nervous

A: why do you think they might have been nervous?

The unknown was
anxiety provoking.
Didn't know what the
gp would be like.
Didn't know what to
expect

W: why was I nervous?

David: cos you were nervous cos you never ever knew
what it was going to be like

apprehension
don't know what to
expect

Sarah: because well I think he was nervous
because...because

W: yes S why do think I was nervous?

Lots of unknown
children - nerves

Sarah: you were nervous because there was a lot of
children that you didn't know

social anxiety

W: was anyone here nervous about coming?

Laura: you might be nervous incase because there might
like be nasty people here and you might be embarrassed

anticipatory anxiety
worry about nasty
people
negative prediction

used general term
"you" in response to
about personal
experience

A: aaah yes

Felt embarrassed.
Anxiety about what other
children are like.
They might be nasty.
Dina gp is this 6
people
[group identity?]
We are the dina
gp

Christopher: cos he didn't know all of us. And there are
1,2,3,4,5,6 people here

social anxiety

A: so do you think it is quite a brave thing to come to
Dina School?

agreeing it is a brave thing - actual feeling or acquiescence? Callum: nodding

wondering if therapists also experience nerves - do you have feelings too? doesn't answer question [verbal ability?] awareness of hierarchy perception adults as different?

A: why do you think it is a brave thing C?
David to Kate: were you brave when you met us? (Kate nodded)
Callum: staring: no response
(next vignette)
A: what was happening in this one?

questioning therapist's feelings

Callum: (mumbling) she said she didn't know why she was going

M: that's right I was saying I didn't know why I had to go to Dina school

go to Dina school to help with your behaviour

Laura: to help your behaviour and stuff

Reasons for attending - behavioural support

A: to help your behaviour

M: does that mean I have problems with my behaviour

We have behaviour problems factor in go identity identify with each other what is that like? 1st experience of not being different?

Laura: (nodding) like we have Molly (gesture round the group) engagement with puppets, use of name

Engagement with puppets
Group identity - we have behavioural problems

M: so that's why I have to come to Dina School?

A: so do you think Dina school helps children with their behaviour?

emphasising problems of behaviour

Laura: behaviour problems

A: behaviour problems.

Ap is for problematic behaviour

(children distracted by vignette)

A: so children might come to Dina school to help with their behaviour. What does everyone else think of that?

Christopher: She had to come because she hit her friend

Sarah: Because her Mum might have...

interrupting again - last focus of discussion topic?

David: I never heard the question

Kate: We're thinking about why Molly and other children might come to Dina School

Molly as "real" person whose feelings can be hurt

Sarah (to little C grabbing Molly's hands): you're hurting Molly's feelings

Puppet as real person

David: She might come to Dina school because she hurt her feelings

Kate: because she hurt someone's feelings

David: no because someone hurt her feelings

M: Are there other reasons why I've got to go to Dinosaur school?

Laura: oooohhhh. Your mum might want a break from you

M: My Mum might want a break from me?

Laura: yeah because you might be a chatterbox (laughing)

M: yes Sarah can you help me?

Sarah: yeah well your Mum maybe em thought you should you could go to the Dinosaur school because em because you would learn more

M: what would I learn about?

Sarah: you learn em how to behave properly (L: that's what I was going to say). And you could and maybe your Mum would want you to do fun activities

M: so my Mum wants me to have fun when I come here?

Sarah: yeah (quietly)

M: what will I learn about?

Laura: you'll learn how to behave and stuff and em what is it feelings and things. Oh oh and what is it

Sarah: what have we did what have we done again? Em yeah well we've taken deep breaths and floated on a cloud. And sometimes I've thought of happy things with my family

Laura: when are we finished

thinking of family of origin it's comforting, used to invoke happy feelings

confusion regarding why children go to GP

Parents need a break from you / want to get rid of you - adults can't handle me I'm too much for my parents self-blame?

humour

hesitant - em em parents send you so you can learn - what about? - ambiguous - reflect vagueness, uncertainty about an attendance?

Learn how to behave properly Mum wants me to enjoy myself - want to give me a +ve experience

Learn how to behave + about feelings

focus on description of gp activities rather than purpose.

Is it difficult to reflect on learning processes, changes that may have occurred - not sure what is point is of these activities? - period of consolidation?

A: we have another video to watch. Anything else Molly might learn?

Callum: how long to go?

M: thank you for helping me everyone

(next vignette)

Laura: ok so what was happening there?

in time-out chair for being bad. it's a punishment

David: they were in the calm down corner cos they were being bad

Time-out chair is punishment

A: ok so you thought they were being bad. What was Wally saying about the calm down chair?

Example of using gp content - take deep breaths on chair

David: em he was on the time out chair where you take deep breaths

description of recall of gp content vs purpose

Sarah: was he was he on the time out chair?

A: well Wally was speaking about the time out chair. Wally can you help me out here? Were you saying you were excited to come to Dina School but sometimes people can still have some worries and one of the worries that Wally has is being on the time out chair or not remembering everything he learns at Dina School

children intermittently lose focus, concentration - use others as respite from interview?

W: that's right
(children speaking amongst themselves)

use of each other to break from interview

A: What do you think of Wally's worries about coming to Dinosaur school?

Spontaneous use of repetition of gp content

David: hands to self C (to little C touching W)

spontaneous gp content

Sarah: do we get chips?

A: I think some people have turned off their listening ears

Laura: oh wait a minute I'll just turn them on

A: good job L. Well done D your's are back on and so are C's. What do you think of Wally's worries?

Earn chips + prizes - being good "if you be good"

awareness of specific behaviours that lead to chips?

David: em em if you be good you get chips and you get a prize

Rde of chips

withdrawal of earned reward if you are bad.
Not getting chips means you are bad.

A: yes that's what happens in Dina School

David: and if you be bad then you don't get any chips. And and if you be bad if you be bad you get your chips off ya

Chips are a reward + punishment behaviour dependent

A: have we ever taken chips away from anyone?

Laura: no cos you're not allowed to do it

A: Wally?

W: yes A?

A: it sounds like you are excited about coming to Dinosaur school but sometimes things can worry you

W: yes sometimes I get a little worried that I can't remember everything I've learned

A: does anyone else feel the same way as Wally?

friend felt worried on first day of school. Using eg of friend to express her own feelings? easier to recognise feelings in others than in self or easier/safer to report on? - noticing feelings in others

Laura: yes well there was a new girl came to my school today and I thought she might have been a little bit worried

Anxiety at new school

A: you thought she might have been worried. How could you tell she was worried?

New school engenders similar feelings to Dina School

Nervous + scared not know anyone, didn't know where to go. comparing gp to school. similar feelings at start of experienced as being like school?

Laura: yes well she didn't know anyone and she might have been nervous. And her face kind of looked a bit she looked a wee bit scared and I had to show her around the place and she put her coat on my peg cos she doesn't have one

Worry at not knowing anyone + being lost

A: that was a friendly thing to do. I was wondering if anyone else has the same feelings as Wally when they are excited about Dina school but also a bit worried?

building on Laura's example of starting at a new school. Feel worried, this makes you inhibited: understanding of how feelings affect behaviour. Reasons for behaviour

Sarah: Well em yeah when em new people come to your school well they might get a bit worried and not speak to you for a while. Cos it was the same when Ervil came to our school and he wouldn't talk to anyone for ages but as soon as soon as like as soon as Nathan came in he was talking straight away. He didn't... And when Connor came in they started speaking cos they were all from the same school and knew each other very well

comparing Dina school to school.

Attribution of behaviour to underlying feelings.

Importance of friends.

Friendships are comforting

importance of friends, knowing people - help you relax, feel more comfortable.

7.9 IX: Summary Table of Themes Across Narratives

Table 2: References to themes across narratives

Super-Ordinate Themes	Sub-Ordinate Themes	Sources	References
Legacy of the Past	Search for understanding	1	12
	Compromised development	1	5
	Hidden trauma	1	8
	Unmet needs	1	10
	Feeling Overwhelmed	1	8
Sense of Connection	Low self-efficacy	1	4
	Emotional shift	5	17
	Acceptability	5	11
	Engagement	4	19
	Identification	5	19
Group Culture	Fun	6	10
	Friendship	5	11
	Cohesion/Support	5	17
	A Special School	2	5
“We’re Not Leaving!”	Avoidance of Ending	4	11
	Lack of Choice	4	6
	Loss	6	16
	Remembering	5	12
Understanding and Stability	Emotion Regulation	4	11
	Behaviour Regulation	1	9
	Early Intervention	1	3
	Understanding	1	5
	Empathy	1	5
Limitations and Barriers	Self-Efficacy	2	7
	Demands of Dina School	1	5
	Rejection of Dina School	2	5
	Blocked Progress	1	6

Sources = 2 x focus groups
5 x individual interviews

7.10 Appendix X: Process of Consent – An Amendment

Consent for foster children to participate in this research was obtained from foster carers and was not sought from biological parents. The acquisition of informed consent for foster children's research participation raises many issues and often creates a research dilemma. This largely stems from the fact that so many adults figure prominently in the lives of foster children.

Different legal systems adopt varying stances regarding the issue of from whom consent should be attained. Bogolub and Thomas (2005) highlight these disparate views and credit variables such as the research topic and the level of engagement in the child's life as factors influencing whether consent should be obtained from biological parents.

However, decisions regarding consent must take account of the wider culture in which the research is situated. In hindsight, consent should have been secured from the children's biological parents. This was not recognised by the researcher and governing ethical bodies and was therefore an omission in this study.